

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

REASON FOR CONSULTATION
Critical care and ventilator management.

HISTORY OF PRESENT ILLNESS
The patient is an unfortunate 45-year-old male who looks very much older than his stated age with a history of chronic alcoholism. He has been incarcerated since March. He was recently transferred to a facility the 2nd. Prior to his transfer he was hit by another inmate causing a left periorbital ecchymosis and laceration. Approximately 30 minutes after dinner patient was reported to be found to a guard unresponsive with agonal breathing. He was being held by inmates that were surrounding him who stated that he'd had a seizure and they were holding him "to keep him from hitting anything." Patient was then brought to the Emergency Room where he was found to have some upper and lower GI bleeding and hypotension. He was intubated and brought to the Emergency Room. His temperature had been 107.9 on arrival. The most recent temperature we've obtained here after arriving to the ICU in Tyler is 99.2 degrees and this is without any cooling measures performed. Thus far I have given patient one liter of IV fluids. He has had multiple bags of fresh frozen, currently receiving platelets and blood. He continues to profusely bleed. His PT and PTT is extremely high, unreadable and his repeats are pending. Fibrin split products were elevated indicating a possible TTP. Multiple differentials have come to mind. He has been on Seroquel for depression and his mother states approximately one month ago, it was recently increased from 300 to 500. Overall the patient is critically ill. He is on multiple pressors including Neo, Levo and vasopressin at this point. Profuse lower GI bleeding is being contained in a Flexi-seal that is continuous. Patient continues to have hypotension despite fluid bolus, despite multiple pressures, despite blood products being infused. I have discussed the severity of the situation with his mother and his daughter who are aware of the severity and at this point in time they want us to continue efforts. If patient does have a cardiac arrest, the patient is not to receive CPR according to his mother.

PAST MEDICAL HISTORY

1. Coronary artery disease. He had an MI at a younger age.
2. GERD.
3. Bloody stools since April.

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4. Depression.

PAST SURGICAL HISTORY

Multiple known surgeries including bilateral hip surgery, GI surgery in 2011, back surgery and neck surgery in 2012.

SOCIAL HISTORY

He has been incarcerated since March. He is a one pack per day smoker. Heavy drinker up until the time of the incarceration at approximately 8-12 beers per day.

ALLERGIES

NONE REPORTED

MEDICATIONS

Per mother includes,

1. Seroquel 500 mg.
2. Lisinopril dose unknown.
3. Gabapentin dose unknown.

FAMILY HISTORY

Unknown.

REVIEW OF SYSTEMS

Unable to obtain as he is currently intubated.

ANCILLARY DATA

Initially received in Palestine includes drug tox screen which is negative. His initial chemistries showed a sodium of 130, potassium 5.9, chloride 98. C02 23. His glucose was 105, BUN 24 and a creatinine elevated at 2.2. His AST was 40, ALT 30. Alkaline phosphatase was 117. His initial CKMB was 0.8. Alcohol level was nil. His CBC showed a white count of 7,000, hemoglobin 12 and a hematocrit of 37 with a platelet count of 183. His differential showed 33% segs and 1% bands. CT of the head without IV contrast showed no acute intracranial abnormalities. Urinalysis was unremarkable. Platelets were within normal range at 183.

Ancillary data here in Tyler includes ABGs on arrival showing a pH 7.15, pC02 45, pO2 83.4 and a bicarb of 15.6 on assist control of 14, 650 and 5

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of PEEP. A repeat ABGs just obtained showed a pH 7.16, pCO₂ 47, pO₂ of 300 with a bicarb of 16.8, base excess of -11 on assist control, 14, 655 and 100%. Changes made to the vent were an increased respiratory rate of 22 and a reduced FiO₂ of 50%. His ionized calcium was 0.8. He has been given two amps of calcium gluconate.

His cardiac enzymes on arrival showed a CK 1,321, CKMB 16.8, troponin 38. His BNP was 8. His chemistries on arrival showed a sodium of 137, potassium 4.5, chloride 106, CO₂ 18, glucose 108. BUN 31, creatinine down trending to 1.58 from his original presenting of 2.2. His AST elevated at 271. Total bilirubin 1.8, direct bilirubin 0.85. His calcium is 6.6 and blood albumen 2.7. Fibrinogen degradation products were more than 40. His CBC showed a white count of 19,000, hemoglobin 11 and hematocrit 34 with a platelet count of 57 with 59% segs and 12% bands. His chest x-ray showed an ET tube in good position. His NG tube is in good position otherwise no abnormalities.

CT of the head as stated above from Palestine. Coags are pending.

Current IV medications infusing include Levophed, vasopressin, neo-synephrine and patient had received a liter of normal saline which he continues to receive normal saline at 200 cc's per hour along with the bicarb drip 100 cc's, 5% and 100 cc's per hour. Central line was just placed by Dr. Jones.

ASSESSMENT AND PLAN

1. Shock, multifactorial in nature, questionably septic shock as well as hypovolemic shock.
2. Acute respiratory failure receiving mechanical ventilatory support.
3. Shock liver secondary to #1.
4. Elevated troponin with a cardiac history.
5. Acute renal failure.
6. Severe acute anemia blood loss.
7. History of heavy alcohol abuse.
8. Severe upper and lower GI bleed.

IMPRESSION AND PLAN

1. He has already received multiple antibiotics including vancomycin,

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Zosyn and clindamycin which we are continuing routinely. Blood cultures, urine cultures and sputum cultures have been obtained and we are following. Continue bicarb drip. Continue aggressive fluid resuscitation.

2. Acute respiratory failure with mechanical ventilatory support. Continue vent support with a metabolic acidosis. Continue bicarb. We have increased his respiratory rate. Will follow.
3. Elevated troponin with a history of coronary artery disease and MI in the past. Will follow cardiac enzymes, obtain echocardiogram.
4. Severe hypotension and metabolic acidosis. Maintain pressures. We will add steroids.
5. Hypocalcemia. Correct electrolytes per protocol and follow.
6. Acute renal failure secondary to the above. Aggressive IV fluids and follow I's and O's, creatinine.
7. Acute anemia with blood loss with coagulopathy. Transfusing fresh frozen platelets and blood rapidly following his H H.
8. History of alcohol abuse with history of GI bleeding in the past. If patient makes it through to night, we will need GI evaluation for possible scoping.
9. Severe upper and lower GI bleed supported with transfusions, possibly currently a DIC/TTP. Continue supportive and aggressive care as stated above.
10. Shock liver secondary to the above.

Overall patient's prognosis is very poor and critical in nature. This was discussed with the family. Patient wishes to continue current care with no CPR if patient goes into a cardiac arrest.

Total critical care time with patient approximately one hour and 45 minutes. Patient is seen by myself as well as Dr. Jones and Dr. Jones will add an addendum. He agrees and collaborates with the plan as stated above.

Dictated by: Christine Porter, ACNP

cc:

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David I. Jones, MD
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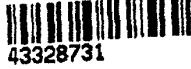
TR: cay JOB#: 111877210
DD: 08/04/2012 03:35 A
DT: 08/04/2012 08:25 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:52 -05:00

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23PG

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC TYLER



43328731

Palestine Regional Medical Center

TRANSFER RECOMMENDED

Consent to Transfer Form

ADAMS, RODNEY

PRE ER Admit: 08/03/12
01/01/66 M/46 L.FR
MR# L000199921 TOOTF,PAUL USBAR
Acct# L00104029459

A. PHYSICIAN ASSESSMENT AND CERTIFICATION

I have assessed the individual and have determined the individual's condition to be:

1. The individual does not have an Emergency Medical Condition. This is a non-emergency transfer.
2. The individual has an Emergency Medical Condition which has been stabilized such that within reasonable medical probability, no material deterioration of the individual's condition or the condition of the unborn child(ren) is likely to result from transfer.
3. The individual has an Emergency Medical Condition which has not stabilized, however I believe that the potential benefits from a transfer outweigh the risks.

B. TRANSFER CONSENT OR REFUSAL

I acknowledge that my medical condition has been assessed and explained to me by the Emergency Department physician and/or my attending physician who has recommended that I be transferred to the service of Dr. Sachs at UTMC - TMC.

The potential benefits of such transfer, the potential risks associated with such transfer and the probable risks of not being transferred have been explained to me and I fully understand them. With this knowledge and understanding, I hereby:

(Mark Only One) CONSENT TO BE TRANSFERRED REFUSE TO BE TRANSFERRED

C. Privately Owned Vehicle Against Medical Advice

I elect to provide my own transportation and decline medical transportation for the transfer. I am aware of the risks and release the physician, this hospital and its agents from any liability related to transportation to the receiving facility. Patient's initials: _____

Patient's initials

Witness

Signature of individual or legally responsible individual signing on individual's behalf

Signature of individual or legally responsible individual signing on individual's behalf

Date

Time

Relationship to individual

Revised 7/01

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ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC TYLER



PALESTINE REGIONAL MEDICAL CENTER

43328731

ADAMS, RODNEY		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00104029459			11	L.ER		REG ER	08/03/12	1913	L000199921
Soc Sec No: 999-99-9999		DOB: 01/01/66	Age: 46	Sex: M	HS: U	Race: W	UNEMPLOYED		
Address: PO BOX 6400					UNKNOWN				
Home Ph: 903-928-3118		County: ANDERSON COUNTY			PALESTINE, TX 75861			Work Phone: 903-999-9999	
Language: ENGLISH		Country: USA			Occupation:				
UTMB, UTHB		SS#: 999-99-9999			#1797921			UNEMPLOYED	
Address: 301 UNIVERSITY BLVD 1008					UNKNOWN			PALESTINE, TX 75861	
Home Ph: 800-605-8165		County:			Work Phone: 903-999-9999			Occupation:	
Relationship to Patient: WARD OF COURT									
SS#:									
Address:									
Home Ph:					Work Phone:				
Relationship to Patient:					Occupation:				
Home Phone:		Work Phone:			WARDEN GURNEY UNIT				
Relationship to Patient:					PO BOX 6400				
UTMB MANAGED CARE		Policy # 1797921			TENNESSEE COLONY, TX 75861				
301 UNIVERSITY BLVD		Coverage # 0			Home Phone: 903-928-3118			Work Phone:	
GALVESTON TX 77555-1008		Subscriber ADAMS, RODNEY			Relationship to Patient: WC				
Phone: 409-747-2653		Rel to Pt SELF/SAME AS PA DOB 01/01/1966							
		Group P0696997084 -							
Phone		Policy #			Treat/Precert - PRE CERT				
		Coverage #			Ins Verif				
		Subscriber			Pro Review			Not Required	
		Rel to Pt							
		Group							
Phone		Policy #			Treat/Precert				
		Coverage #			Ins Verif				
		Subscriber			Pro Review				
		Rel to Pt							
		Group							
NO LOCAL PHYSICIAN					TOOTE, PAUL URBAN			0334	
EMERGENCY ROOM		EM	AMB	PRADMTG	FEVER				
Critical - Taylor					* CT of head - black eye				
T-10780 - 181 - 6 - SO2-77%					Z SZ				
Trop. 1:59									
Vent.									
wt. 100 kg		NS - L			ST				
					75/50 - 170			Printed By: PRADMTG 08/03/12 1924	
Unit Number L000199921		1947) UTMB-Ray			Account Number L00104029459				

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

06/10/2012 SUN 11:05 FAX 903 531 8819 Firs ADAMS, RODNEY
 12/30/2011 FRI 16:30 FAX 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC TYLER

0001/001
001/001

43328731

ETMC PATIENT TRANSFER HAND OVER COMMUNICATION

To Be Completed by the Transferring Physician

FAX to: FirstComm + **903.531.8819** Date: 8/3/12 Time: 2000

Patient Information:

Situation: Transferring Facility: PLMC

Reason for Transfer: CriticalDiagnosis: Respiratory failure, PE, HypothermiaCurrent Vital signs: Temp: 107.2 BP: 90/50 P: 170 R: Vent SPO2: 98

Background:

Medications: AspirinAbnormal Labs: Trop 1.5TDiagnostic Read by Radiologist: Yes No Radiologist's Name: O'Neill

Asessment: Major Drips: Levophed
Arterial line, NS

Interventions (i.e. sutures, chest tubes): Ventilator

Recommendation: Transfer to ED ICU Floor Other (circle)

Mode of transport: Air (Include patient weight: 100 kg/lbs) GroundName of Transferring Physician: Dr. Toote Phone: 903-731-1153Questions please call: 903-535-6267NOT PART OF MEDICAL RECORD

Apr 09/JFM

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

Palestine Regional Medical Center
 2900 South Loop 256
 Palestine, TX 75801

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 Johnny L. Haley, MD

LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY	Age/Sex: 46/M	Attend Dr: TOOTE, PAUL URBAN		
Acct#: L00104029459	Unit#: L000199921	DOB: 01/01/66		
Reg: 08/03/12	Disch:	Status: REG ER Location:		
<hr/>				
Specimen: 0803:PAR:CU00004S Req#: 00605006 Collected: 08/03/12-1925 By: PRNURSB				
Status: COMP Received: 08/03/12-1945 By: PRLABTDB				
Ordering Dr: TOOTE, PAUL URBAN				
Test	Result	Flag	Reference	Verified
<u>U DRUG SCR</u>				
> U METHADONE	NEG		NEGATIVE	08/03/12-2012
> U COCAINE	NEG		NEGATIVE	08/03/12-2012
> U CANNABINOID	NEG		NEGATIVE	08/03/12-2012
> U BARBITURATE	NEG		NEGATIVE	08/03/12-2012
> U BENZODIAZEPEN	NEG		NEGATIVE	08/03/12-2012
> U OPIATES	NEG		NEGATIVE	08/03/12-2012
> U AMPHETAMINE	NEG		NEGATIVE	08/03/12-2012
> U PHENCYCLIDINE	NEG		NEGATIVE	08/03/12-2012
<p>*Specimen analysis was performed without chain of custody *</p> <p>*handling.</p> <p>*These results should be used for medical purposes only and*</p> <p>*not for any legal or employment evaluative purposes. *</p>				
<p>This test is for screening purposes only. Clinical consideration and professional judgement must be applied to any drug of abuse test results, particularly in evaluating a preliminary positive result. A specimen may contain a measurable amount of drug metabolite and still be considered negative. In order to obtain a confirmed analytical result, a more specific chemical method is needed. The confirmatory test must be ordered by the attending medical provider. Positive results will not be confirmed by an alternate procedure unless ordered.</p>				

ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC TYLER



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ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1968 ETMC TYLER

Jane Regional Medical Center
 1900 South Loop 256
 Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD



43328731

RESULTS Broadcast REPORT

Name: ADAMS, RODNEY	Age/Sex: 46/M	Attend Dr: TOOTE, PAUL URBAN		
Acct#: L00104029459	Unit#: L000199921	DOB: 01/01/66		
Reg: 08/03/12	Disch:	Status: REG ER		
Location:				
Specimen: 0803:PAR:C00079S Req#: 00605006 Collected: 08/03/12-1930 By: PRNURAW				
Status: COMP Received: 08/03/12-1945 By: PRLABTDB				
Ordering Dr: TOOTE, PAUL URBAN				
Test	Result	Flag	Reference	Verified
> <u>CMP</u>				
> NA	130	L	136-145 mmol/L 08/03/12-2014	
> K	5.9	H	3.5-5.1 mmol/L 08/03/12-2014	
> CL	98		98-107 mmol/L 08/03/12-2014	
> CO2	23		21-32 mmol/L 08/03/12-2014	
> ANION GAP	14.9		4.8-21.0 mmol/L 08/03/12-2014	
> GLUCOSE	105		70-110 mg/dL 08/03/12-2014	
> BUN	24	H	7-18 mg/dL 08/03/12-2014	
> CREATININE	2.2	H	0.8-1.3 mg/dL 08/03/12-2014	
> TOTAL PROTEIN	7.0		6.4-8.2 g/dL 08/03/12-2014	
> ALBUMIN	3.2		3.2-4.7 g/dL 08/03/12-2014	
> CALCIUM	7.3	L	8.5-10.1 mg/dL 08/03/12-2014	
> BILI TOTAL	0.9		0.2-1.0 mg/dL 08/03/12-2014	
> AST	40	H	15-37 U/L 08/03/12-2014	
> ALT	30		12-78 U/L 08/03/12-2014	
Please make note of the New Reference Range of ALT.				
This change incorporates the new ALT "I"				
(International Standardization of ALT)				
> ALK PHOS	117		50-136 U/L 08/03/12-2014	
> CK	165		39-308 U/L 08/03/12-2014	
> OSMOLALITY CALC	274		270-290 08/03/12-2014	
OSMOLALITY IS A CALCULATED RESULT BASED ON THE SODIUM, GLUCOSE AND BUN RESULTS.				
> CKMB	0.8		0.0-3.6 ng/mL 08/03/12-2014	
> ETOH	< 10		mg/dL 08/03/12-2014	
Texas legal limit for intoxication = 0.08 * = 80 mg/dL				
To convert mg/dL to percent, move the decimal point three places to the left. ie 10 mg/dL = 0.01 *				

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Palestine Regional Medical Center
2900 South Loop 256
Palestine, TX 75801

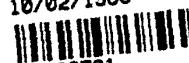
PAGE 1

Johnny L. Haley, MD

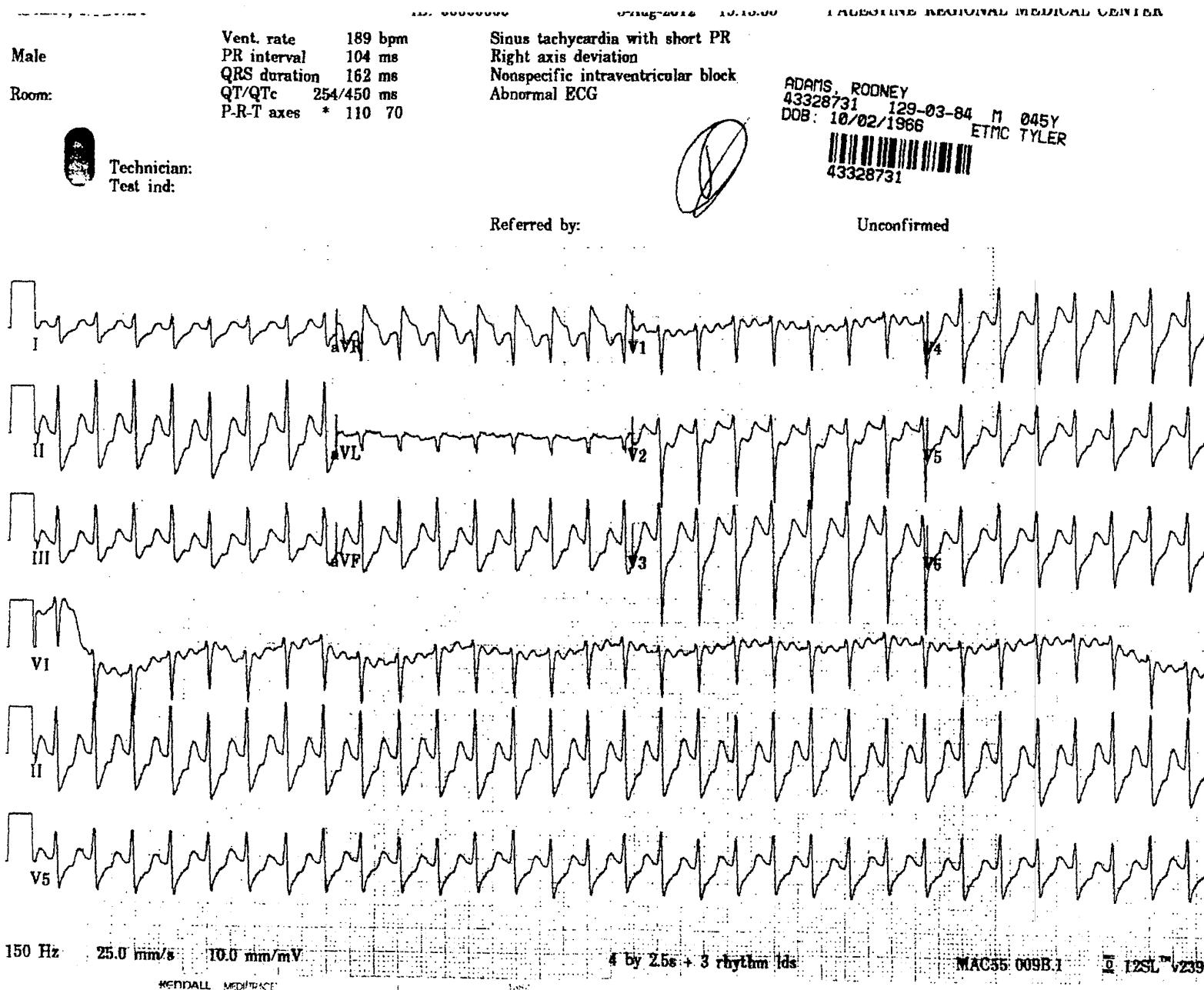
LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY	Age/Sex: 46/M	Attend Dr: TOOTE, PAUL URBAN
Acct#: L00104029459	Unit#: L000199921	DOB: 01/01/66
Reg: 08/03/12	Disch:	Status: REG ER
Location:		
Specimen: 0803:PAR:H00062S Req#: 00605006 Collected: 08/03/12-1930 By: PRNURAW		
Status: COMP Received: 08/03/12-1945 By: PRLABTDB		
Ordering Dr: TOOTE, PAUL URBAN		
Test	Result	Flag Reference Verified
<u>CBC W/DIFF</u>		
> WBC	7.6	4.8-10.8 K/uL 08/03/12-1953
> RBC	4.13	L 4.7-6.1 M/uL 08/03/12-1953
> HGB	12.6	L 14.0-18.0 gm/dL 08/03/12-1953
> HCT	37.9	L 42-52 % 08/03/12-1953
> MCV	91.8	80-94 fL 08/03/12-1953
> MCH	30.5	27-31 pg 08/03/12-1953
> MCHC	33.2	33-37 g/dL 08/03/12-1953
> RDW	13.5	11.5-14.5 % 08/03/12-1953
> PLT	183	130-400 K/uL 08/03/12-1953
> MPV	9.8	7.4-10.4 fL 08/03/12-1953
<u>MANUAL DIFF</u>		
> PLT ESTIMATE	ADEQUATE	ADEQUATE 08/03/12-2026
> SEGS	33	L 50-70 % 08/03/12-2026
> BAND	1	0-10 % 08/03/12-2026
> LYMPH	57	H 20-40 % 08/03/12-2026
> MONO	4	1-6 % 08/03/12-2026
> METAMYELOCYTE	5	H 0-0 % 08/03/12-2026
> ATYPICAL LYMPH	4	08/03/12-2026

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** END OF REPORT **



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Handed by MS

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC TYLER

NEURO
 higher fu
 altered
 orienter
 mood /
 no evidence of acute CVA

cranial nerves
 nml as tested

cerebellar
 nml as tested

peripheral exam
 motor nml
 sensation nml
 reflexes nml



NECK
 supple
 non-tender

RESP / CVS
 no resp. distress
 breath sounds nml
 reg. rate & rhythm
 heart sounds nml

ABDOMEN (GI)
 non-tender
 no organomegaly
 nml bowel sounds*

SKIN
 color nml, no rash
 warm, dry

EXTREMITIES (MS)
 non-tender
 nml ROM*
 no pedal edema

EKG & XRAYS
No new findings

CBC
 normal except
 WBC 12.6
 Hgb 13.0
 Hct 34.9
 Platelets 330,000
 segs 33
 bands 1
 RBC 134
 TSH 1.1
EKG NML Interp. by me Reviewed by me **Rate** 180
 nml intervals nml axis nml QRS nml ST/T
XR Interp. by me Reviewed by me Discd w/ radiologist
 nml / NAD no infiltrates nml heart size nml mediastinum
CT Scan head Discd w/ radiologist

P
R Pulse Ox % on RA / L O₂ Interp: nml / hypoxic Time: 1

Underline indicates organ system
 * equivalent or minimum required for organ system exam

LABS

TREATMENT / PROCEDURE Time: Time out performed
 DSO Marfan Thiamine
 Initiated by ED Physician pre-oxygenated

RS protocol succinylcholine vecuronium *Prepared*
 # 8 nasal / oral breath sounds equal position confmd on CXR

PROGRESS
 Time: unchanged improved re-examined

ture chvnged in Dr. Keith transfer
ture chvnged in Dr. Agar transfer. No hepatox at this time; may be others return

ABP pt temp t 105 HR 150's
BP 18 pt on Levothroid
Levith 100mg/day accepted
pt at Tyler

antibiotics given

- CAP- So2 / VS / MEE / antibiotic(s) / pathogen / BC / CXR or CT / transfer
- Syncope- EKG
- Non t-PA considered

Clinical Tool Box
 CURB-65 / PORT
 Johnston TIA risk
 SF Syncope rule

Additional history from:
 Discussed with Dr. *Johnston* Additional history from:
 will see patient in ED/hospital/office family caretaker paramedics
 Countered patient/family regarding Rx given
 Job / rad. results diagnosis need for follow up
 Smoking Cessation discussed: plan / trigger / challenges / gave Rx time: min
CRIT CARE TIME (excluding separately billable procedures)
 30-74 min 75-104 min min

CLINICAL IMPRESSION

Alcohol Intoxication	Hepatic Encephalopathy
Chronic Dementia	Intracerebral / Subarachnoid Bleed
Confusion / Stupor / Coma	Meningitis / Encephalitis / Sepsis
Dehydration / Volume Depletion	Pneumonia
Hypernatremia / Hyponatremia	Seizures / Post-ictal State
Hypoglycemia / Insulin Reaction	Subdural Hematoma
Overdose / Substance Abuse	• Syncope
• CVA (Stroke)	Transient Ischemic Attack
hemorrhagic non-hemorrhagic	Urinary Tract Infection
<i>Severe Hypertension</i>	<i>Transient Ischemic Attack</i>
<i>Hypertension</i>	<i>Transient Ischemic Attack</i>

DISPOSITION home transferred *After*
Time admitted **POA** decubitus **U/G** (s/p) **Time**:
CONDITION unchanged improved stable **Time**:
 Care transferred to Dr. **Time**:
RESIDENT / PA / NP **RTI #**

ATTENDING NOTE: Please see resident / MLP note for details
 Resident/PA/NP's history reviewed. Patient interviewed and examined by me.
HPI:
 My personal exam reveals:
 I agree with assessment and care plan, and confirm the diagnosis(es) above. With exception of:

PHYSICIAN SIGNATURE *R. Adams* **RTI #**
 Template Complete See Addendum (Dictated / Template # **1**)

ADAMS, RODNEY
 PRE LR Admit: 08/03/12
 01-01-66 M/46 1 FR
 MR# 1008105721 ROUTE PAUL UHRAN
 Acct# L00104029459

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler

43328731

45 Palestine Regional Medical Center
EMERGENCY PHYSICIAN RECORD
♦ Altered Mental Status ♦

PQRI - Physician Quality Reporting Initiative

DATE: 8-3-12 TIME: on arrival ROOM: F-2EMS Arrival EMS treatments orderedHISTORIAN: patient spouse paramedics NH records

HX / EXAM LIMITED BY:

TRANSFER FROM: see transfer record

HPI

chief complaint: decreased mental status / confusion
low blood sugar / diabetic fever *Journal temperature*
more & Temp
onset / duration: min / hrs / days ago gradual-onset
today sudden-onset
upon waking cannot confirm onset gone now intermittent
better continues in ED more than 3 hours constant

character of altered mental status:

disoriented / confused / combative / agitated / trouble concentrating
unresponsive / seizure activity / decreased responsiveness

*At home. Journal you call & have
constituting outside temp 10.*

context:

nursing home resident / chronic dementia / depression *niren*
found unresponsive / unknown duration
by nursing home staff bystander family
dextrostick PTA given D50 / Narcan PTA
good / marginal / no response
recent / heavy alcohol intake (beer / wine / liquor)
last drink:
drug abuse / overdose
trauma / head injury *old Faygo trauma*
infection / other family members sick *had virus to*
new medications *(D eye)*

Usually:

Logically
 alert oriented vs
alert but confused
alert but disoriented to time
poor alertness
Go to
walks w/o assistance
unable to walk
uses a cane / walker
walks only w/ assistance

associated symptoms:

recent illness
fever / chills
chest pain
neck / back pain
trouble breathing
abdominal pain
nausea / vomiting
per report

Similar symptoms previously

Recently seen / treated by doctor / hospitalized

ADAMS, RODNEY
PRE ER *Admit 10-3-12*
11/01/56 M-46 *11/01/56*
MR# L00019921 TOGTE PAUL IRVAN
Ac. # L00104029459

ROS *limited by pt MS*

EYES / ENT problems with vision
sore throat
trouble swallowing
CVS / RESP palpitations
cough

GU / GI problems urinating
diarrhea
black stools

MS / SKIN / LYMPH joint pain
leg / ankle swelling
rash
swollen glands
recent injury

PSYCH anxiety / depression

LNMP preg post- menop *per report*

CONST / CVS / RESP / NEURO components not addressed in HPI

PAST HX

confusion / dementia
CVA / TIA deficit
diabetes Type 1 Type 2
diet / oral / insulin
head trauma
overdose
seizure disorder
psychiatric disorder

schizophr. / bipolar / depression
old records ordered / summary
link *not for pt MS*

Surgeries / Procedures *none*
appendectomy
cardiac bypass / stent
cholecystectomy
link *not for pt MS*

Immunizations: influenza / pneumovax *UTD / referred to PCP*
Medications none *see nurses note* Allergies *NKDA*
aspirin coumadin clopidogrel *see nurses note*

SOCIAL HX

smoker drugs
alcohol (recent / heavy / occasional) occupation
living situation: alone at home in nursing home *niren*

FAMILY HX

CVA CAD HTN cerebral aneurysm *link* Nursing Assessment Reviewed Vitals Reviewed *link*PHYSICAL EXAM *limited by pt MS*

General Appearance mild / moderate / severe distress
 no acute distress lethargic / obtunded
 alert apneic *embolus*

HEAD / EENT
- PERRL unequal pupils R 4 mm L 4 mm
- EOM's intact post-surgical pupillary defect (R/L)
- no apparent trauma EOM palsies *per report fixed eye*
- ENT inspection nml abnl funduscopic / papilledema *link*
- oropharynx nml deprsd gag reflex / handles secretions poorly
- airway intact pharyngeal erythema / exudate
- *link* *not for pt MS* hemotympanum / raccoon eyes / Battle's sign
- tenderness / swelling / ecchymosis
- dry mucous membranes

link *not for pt MS*
link *not for pt MS*

EMERGENCY DEPARTMENT
FALL / ENTRAPMENT RISK ASSIADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler

Date In: 8/3/2012

Palestine Regional Medical CenterName: ADAMS, RODNEY Pt#: L00104029459
Age: 46YRS DOB: 1/1/1966 Sex: M MR#: L000199921
EDMD: TOOTE, PAUL PMD: NO LOCAL DOCTOR

FALL / ENTRAPMENT RISK Score less than 10 = low risk Score greater than 10 - high risk for fall (follow hospital protocol)

	Score	0	1	2	3	4	5	Other
Age	0	Less than 60	80 or over	60 - 69	70 - 79			
Mental Status	0	Oriented or Comotose		Confused 100% of the time	Unable to follow directions	Nighttime or intermittent confusion		
Elimination	0	Continent Independent	Continent		Requires assistance		Incontinent	
Impairments	0	None known		Vision/glasses or hearing/hearing aid	Confined to bed or chair	Blind or deaf		
BP	0	Within normal limits	Systolic BP consistently less than 90	Dizziness with position changes				
Gait / Mobility	0		(1 pt each item) Uses cane/walker Holds furniture Balance problems					History of recent falls (2 or more in past 6 months) = 7 points
Current Medications	5		(1 pt each med) sedatives Narcotics Diuretics Antihypertensives Benzodiazepines Post-anesthesia Psychotropics Laxatives Cathartics		PT John Adams 15			
Predisposition Conditions	0		(1 pt each item) CVA, Hypertension, Dehydration, Seizures, Arthritis, Parkinson's Disease, Loss of limbs, Post-op 1st 3 days					
Total								

Circle each item that applies. Document points in score column. Total at bottom of page.

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

EMERGENCY DEPARTMENT
PRIMARY NURSING ASSESSMENT

Date In: 8/3/2012

Time: 110

Palestine Regional Medical CenterName: ADAMS, RODNEY Pt# L00104029459
Age: 46YRS DOB: 01/01/1966 Sex: M MR# L000199921
EDP: TOOTE, PAUL PCP: NO LOCAL DOCTOR

Subjective Notes:

Unresponsive, Elevated Temp

Pain: Patient denies painLocation: Sharp Dull Cramping Burning Aching Severity Scale: Onset:
Provocation: Other: Aggravating Factors:
Radiating: No Yes (specify) Constant Intermittent Relieving Factors:

Psychosocial

Appearance: Clean Unkempt Other: Environment: No steps Few steps Many steps
Mood / Affect / Behavior: Appropriate Depressed Anxious Nutritional status: Normal Cachetic Obese
 Tearful Other: Unresponsive Religious / Cultural preference: None (specify)
Caregiver: Self Family member Significant Other Group home Best learn by: Verbal Written Return demo
Activity level: Ambulates independently Requires assistance Non-ambulatory Learning Barriers: TDD phone Interpreter No Yes
 Performs ADL's independently Requires assistance with ADL's Other:

Neurological

Unresponsive

 Alert Oriented X 3 Cooperative Awake but Confused
 Uncooperative Combative Agitated RestrainedResponds: To Verbal To Pain UnresponsivePosturing: No Decorticate DecerebratePupils: Brisk Sluggish Fixed Pinpoint Dilated

Extremities: RUE LUE RLE LLE

Movement: 0=None 1=Barely Breaks Gravity 2=Weak 3=Strong
Sensation: NR=No response DP=Deep pain MP=Mod pain LT=Light touch

Gastrointestinal

 Not Assessed
Abdomen: Soft Flat Rigid Distended
 Non-Tender Tender (Area)
Bowel Sounds: Present Decreased AbsentElimination: Normal Constipation Diarrhea # of Stools:

Genitourinary

 Not Assessed
Urine: Colorless Yellow Red Brown Cloudy
 Anuria Dysuria Hematuria Frequency Urgency
Vaginal D/C: No LMP: *MT*
Penile D/C: Yes Type:

Musculoskeletal

 Not Assessed
Lacerations / Abrasions / Contusions: *Contusion L Eye*
Location:
Size:
Bleeding: Absent Present Scant Moderate Heavy Pulsating
ROM: WNL Decreased Absent
Edema: Absent 1+ 2+ 2+ Deformity Yes No
Scars: Yes No Distal pulses: Absent Present

Pre-Hospital Care

 Transport only

<input type="checkbox"/> CPR	<input type="checkbox"/> PASG <input type="checkbox"/> Not inflated	IV Type: <input type="checkbox"/> <i>50</i>	Ant Infused: <input type="checkbox"/> <i>CHC</i>
<input type="checkbox"/> Intubated	<input type="checkbox"/> Legs Inflated		
<input type="checkbox"/> Ambu-Assist	<input type="checkbox"/> Abd Inflated		
<input type="checkbox"/> Mask	<input type="checkbox"/> C-Collar		
<input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> Backboard	Medication: <input type="checkbox"/>	Amt: <input type="checkbox"/>
<input type="checkbox"/> O2 @ <input type="checkbox"/> lpm <input type="checkbox"/> %	<input type="checkbox"/> Traction	Route: <input type="checkbox"/>	
	<input type="checkbox"/> Splint		

Cardiovascular

Skin: Warm Dry Cool Moist Diaphoretic
Color: Pink Pale Ashen Flushed Cyanotic JaundicedCapillary Refill: <2 Secs (Normal) >2 Secs (Delayed)Turgor: Normal Decreased

Pulses: R L

Carotid:
Brachial:
Radial:
Femoral:
Popliteal:
Dorsalis Pedis:

S=Strong W=Weak D=Doppler A=Absent

Respiratory

Airway: Clear Other
Effort: Unlabored Labored Mildly Severely
Cough: None Productive Non-Productive

Lung Sounds: R L

Clear
Wheezing
Crackles
Rhonchi
Decreased
Absent ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler

43328731

Vital Signs: T: 107.7 P: 181 Regular R: 6 BP: 095/052 Nurse Signature: *M. N. Adams*

Rev 03/05/04

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

(Includes herbals, OTC meds, vitamins, neutraceuticals)

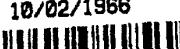
Patient Copy

ADMISSION			DISCHARGE		
Source <input type="checkbox"/> Patient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Previous Admission <input type="checkbox"/> H&P <input type="checkbox"/> Copied from Patient's Labeled Meds <input type="checkbox"/> Patient's Pharmacy <input type="checkbox"/> Other: _____ (name) <input type="checkbox"/> Patient Provided & Verified Medication List Personal Meds: <input type="checkbox"/> Sent to Pharmacy <input type="checkbox"/> Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With <input type="checkbox"/> Patient or <input type="checkbox"/> Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Patient Teaching Verified and Teaching Sheets Provided
Patient is Knowledgeable About Home Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No					
UNKNOWN			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List New Medications to be taken					
Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications: _____					
Vaccination Decision (Risk Assessment completed on admission) <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol					
ADMISSION RECONCILIATION			DISCHARGE RECONCILIATION		
Date/Time	<input type="checkbox"/> READ BACK of a: <input type="checkbox"/> Telephone <input type="checkbox"/> Verbal Order		Date/Time	<input type="checkbox"/> READ BACK of a: <input type="checkbox"/> Telephone <input type="checkbox"/> Verbal Order	
Physician Name/Nurse Signature & Title			Physician Name/Nurse Signature & Title		
Date/Time/Ordering Physician Signature:			Date/Time/Ordering Physician Signature:		
Transcribed: Date/Time/Signature/Title:			Transcribed: Date/Time/Signature/Title:		
Noted: Date/Time/Admission Nurse/Title/Initials:			Noted: Date/Time/Admission Nurse/Title/Initials:		
Height: In.	Weight: 100.00 kg <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Stated <input type="checkbox"/> Actual	Allergies: NKDA-			
Medication Reconciliation alestine Regional Medical Center			NAME: ADAMS, RODNEY MR#: L00019921 PT#: L00104029459 EDP: TOOTE, PAUL Referral Physician		AGE: 46 DATE IN: 8/3/2012 PCP: NO LOCAL DOCTOR

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012-ER0020-23pg

(Includes herbals, OTC meds, vitamins, neutraceuticals)

Medical Records

ADMISSION			DISCHARGE		
Source <input type="checkbox"/> Patient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Previous Admission <input type="checkbox"/> H&P <input type="checkbox"/> Copied from Patient's Labeled Meds <input type="checkbox"/> Patient's Pharmacy <input type="checkbox"/> Other: _____ (name) <input type="checkbox"/> Patient Provided & Verified Medication List Personal Meds: <input type="checkbox"/> Sent to Pharmacy <input type="checkbox"/> Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With <input type="checkbox"/> Patient or <input type="checkbox"/> Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Patient Teaching Verified and Teaching Sheet Provided
Patient is Knowledgeable About Home Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNKNOWN			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADAMS, RODNEY 43328731 129-03-84 M 0451 DOB: 10/02/1966 ETMC Tyler			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43328731			<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List New Medications to be taken

Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications:

Vaccination Decision (Risk Assessment completed on admission)
 Pneumococcal vaccine Indicated

Not Indicated

Administer vaccine per protocol

ADMISSION RECONCILIATION

ADMISSION RECONCILIATION

READ BACK of a: Telephone Verbal Order

Physician Name/Nurse Signature & Title

Physician Name/Nurse Signature & Title

Date/Time/Ordering Physician Signature:

Date/Time/Ordering Physician Signature:

Transcribed: Date/Time/Signature/Title:

Transcribed: Date/Time/Signature/Title:

Noted: Date/Time/Accident/Admission Nurse/Title/Initials:

Noted: Date/Time/Admission Nurse/Title/Initials:

Height: **Weight:** 100.00 kg **Allergies:** NKDA
6'0" Estimated
 Stated Actual

NAME: ADAMS, RODNEY AGE: 46
MR#: L000199921 PT#: L00104029459 DATE IN: 8/3/2012
EDP: TOOTE, PAUL PCP: NO LOCAL DOCTOR
Referral Physician

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

INITIAL ASSESSMENT FORM**Palestine Regional Medical Center**

PRIORITY: **1** Patient: **ADAMS, RODNEY** Pt#: **L00104029459**
ESI - 1 DOB: **01/01/1966** AGE: **46YRS** Sex: **M** MR#: **L000199921**
 DATE: **08/03/2012** EDP: **TOOTE, PAUL**
 PCP: **NO LOCAL DOCTOR** Worker's Comp:
 Emp. Referred:

Presentation Time: 19:14		Triage Time: 19:14	Arrival Mode: EMS-OTHER
Height: Weight: 220 lbs. 0 oz. 100.00 kgs. LMP:		Last Tetanus:	Acc By: GUARDS
Chief Complaint: FEVER >101 (ADULT)		Vital Signs T: 107.7 R P: 181 Regular R: 6 Labored BP: 095/052 O2: 77 % RA	
Brief Assessment: IN WITH FEVER UP TO 107, SEIZURE		Pain Intensity Scale: 0 / 10 Pain Location: Unable to Rate	
NIGHT SWEATS	UNK	HEMOPTYSIS	UNK
WEIGHT LOSS	UNK	FEVER	UNK
ANOREXIA	UNK		
MAMMOGRAM HISTORY	UNK		
SMOKER	UNK		
NAUSEA	NO		
VOMITING OR DIARRHEA	NO		
ABDOMINAL PAIN	NO		
EAR ACHE	NO		
SORE THROAT	NO		
OTHER FAMILY MEMBERS ILL	NO		

Sudden Onset:

Pre-Hospital Treatment: Refer to EMS Call Report.

Pediatric Assessment: N/A

Past Medical History: UNKNOWN

Allergies: NKDA.

ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC Tyler
 43328731

Medicines: UNKNOWN,

Nurse Signature: Al Wilcox, RN

ALG

Additional Notes:

Rev 07/30/09

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY
PRE ER Admit: 08/03/12
01/01/66 M/46 LER
MR# L000199921 TOOTE, PAUL URBAN
Acct# L00104029459

i-STAT cTnI
Pt:L00104029459
Pt Name: _____
cTnI 1.59 ng/mL

19:32 03AUG12
Operator ID: 002785011603232
Physician: _____

Lot Number: 102P121502214
Serial: 353711
Version: JAMS133A
CLEW: A24
Custom: 00000000

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler
43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

8/3/2012 7:59 PM FROM: Fax TO: 19037311150 PAGE: 001 OF 001

American Teleradiology

Patient Name:	RODNEY ADAMS	DOB:	01/01/1966
Patient ID:	199921	DOS:	8/3/2012 7:43:00 PM
Referring Physician:	TOOTE PAUL	Institution:	Palestine Regional Medi

CT Head without intravenous contrast

Clinical Indication: Altered mental status.

Technique: 5 mm axial noncontrasted images obtained from the skull base to the vertex.

Reference: No prior studies for comparison.

Findings:

No focal parenchymal masses, acute intracranial hemorrhage, or acute territorial infarct. No hydrocephalus. No extraaxial fluid collections. Basal cisterns are maintained. Orbita and globes are unremarkable. Mild mucosal thickening within sphenoid and maxillary sinuses. Mastoid air cells are clear. No acute osseous abnormalities. Fluid present within the nasopharynx and oropharynx.

Impression:

No acute intracranial abnormalities.

PRELIMINARY REPORT ONLY; PLEASE FOLLOW UP ON FINAL REPORT

CONFIDENTIALITY/PRIVACY NOTICE:

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Dr. Thomas J. O'Neill, M.D.

8/3/2012 7:57:02 PM

Transcribed by: TO

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler



43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-T-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ORDER PROCEDURE FORM
MEDICAL EMERGENCIES

Palestine Regional Medical Center

Name: **ADAMS, RODNEY** P#: **L00104029459**
Age: 46YRS DOB: 01/01/1966 Sex: M MR#: **L000199921**
EDP: **TOOTE, PAUL** PCP: **NO LOCAL DOCTOR**

Date In: 8/3/2012

Time:

Laboratory Tests		Other Diagnostic Tests								
Order Time	Order Sent	By	Order Time	Radiology			Order Sent	By		
CBC				CXR (PA/LAT - Portable)						
BMP	CMP			Abd. (flat & upright)						
Amylase				CT Head & cervical						
Drug screen (serum), (urine)				Intravenous 10 mg/500 ml - 250 ml - 500 ml						
ETCO ₂				Ketone 30 gm over 120 min						
Liver profile				Cardiopulmonary						
Magnesium				EKG						
Glucose (bedside), (serum)				ABC 1200 52 LPM						
UA				Vent Assist D-Stick 122						
Creatinine				Medical Necessity Information:						
Urine				Mentor						
Misc. Orders										
Previous Medical Records										
Physical Therapy - Eval & Tx										
Weight: lbs: 220 kgs: 100	Allergies: NKDA-									
Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
	Propofol 100 mg IV							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Gluc 100 mg IV							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	ice pack to left AC							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	IV NS 5L (contd)			1925	ml	IV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Versed 5 mg IV (gav)			1912	ml	IV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Succs 120mg ev			1911	ml	IV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Anexx 0.5 mg IV			1910	ml	IV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
Order Time	IV / Solution / Added Medication	StartTime	Device/Size	Location	Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by
	IV KVO Device:	07A	18G C	AC			EMS	1920	18G C	end
	IV Fluid:	11A 3	1030							
		11A 5	942							
	ATVcn 5M ev	1925	ATVcn - 2010							
Procedures / Nursing Assistance										
<input type="checkbox"/> Cardiac Monitor: Rate: _____ Rhythm: _____			<input type="checkbox"/> NGT Insertion # _____ Fr.			<input type="checkbox"/> Endotracheal Intubation				
<input type="checkbox"/> NIBP Monitor			<input type="checkbox"/> Gastric Lavage			<input type="checkbox"/> Cardiopulmonary				
<input type="checkbox"/> Pulse Oximetry			<input type="checkbox"/> Central Line Placement			<input type="checkbox"/> Oral Airway Insertion				
<input type="checkbox"/> Urinary Catheter Insertion: # _____ Fr.			<input type="checkbox"/> CVP Monitoring			<input type="checkbox"/> Oropharyngeal Suctioning				
<input type="checkbox"/> CPR										
Discharge Instructions										
43328731 129-03-84 M 045Y DOB: 10/02/1966 ETMC Tyler										
43328731										
Initials/Signature: <u>M. Miller</u> Initials/Signature: <u></u> Initials/Signature: <u></u> Initials/Signature: <u></u>										
PA/ARNP: <u></u> Physician's Signature: <u>R. J. Smith</u>										

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY
PRE ER Admit: 08/03/12
01/01/12 M/46 L ER
MR# L000199921 TOOTE, PAUL URBAN
Arrt# L00104029459

i-STAT cTnI

Pt# L00104029459
Pt Name:

cTnI 1.59 ng/mL

19:32 03AUG12

Operator ID: 002785011603232
Physician:

Lot Number: 102P121502214
Serial: 353711
Version: JAMS133A
CLEW: A24
Custom: 00000000

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler
43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

Palestine Regional Medical Center
 2900 South Loop 256
 Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD

LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY	Age/Sex: 46/M	Attend Dr: TOOTE, PAUL URBAN		
Acct#: L00104029459	Unit#: L000199921	DOB: 01/01/66		
Reg: 08/03/12	Disch:	Status: REG ER		
Location:				
Specimen: 0803:PAR:U00022S Req#: 00605006 Collected: 08/03/12-1925 By: PRNURSB				
Status: COMP Received: 08/03/12-1945 By: PRLABTDB				
Ordering Dr: TOOTE, PAUL URBAN				
Test	Result	Flag	Reference	Verified
<u>UA DIPSTICK</u>				
> UA COLOR	YELLOW	YELLOW	08/03/12-2001	
> UA APPEARANCE	CLEAR	CLEAR	08/03/12-2001	
> UA SPEC GRAVITY	1.015		08/03/12-2001	
> UA PH	9.0		08/03/12-2001	
> UA GLUCOSE	NORMAL	NEGATIVE	08/03/12-2001	
> UA BILIRUBIN	NEGATIVE	NEGATIVE	08/03/12-2001	
> UA KETONES	NEGATIVE	NEGATIVE	08/03/12-2001	
> UA BLOOD	NEGATIVE	NEGATIVE	08/03/12-2001	
> UA PROTEIN	NEGATIVE	NEGATIVE	08/03/12-2001	
> UA UROBILINOGEN	NORMAL	NORMAL	08/03/12-2001	
> UA NITRITE	NEGATIVE	NEGATIVE	08/03/12-2001	
> UA LK ESTERASE	NEGATIVE	NEGATIVE	08/03/12-2001	

ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC Tyler



43328731

TEMPORARY REPORT COPY
 ** END OF REPORT **

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

RUN DATE: 08/03/12	Palestine Regional Medical LAB *LIVE*	PAGE 1		
RUN TIME: 1953	Specimen Inquiry			
RUN USER: PRLABTDB				
PATIENT: ADAMS, RODNEY REG DR: TOOTE, PAUL URBAN		ACCT #: L00104029459 LOC: L.ER U #: L000199921 AGE/SX: 46/M ROOM: REG: 08/03/12 DOB: 01/01/66 BED: DIB: STATUS: REG ER TLOC:		
SPEC #: 0803:PAR:H00062S COLL: 08/03/12-1930 RECD: 08/03/12-1945		STATUS: RES REQ #: 00605006 SUBM DR: TOOTE, PAUL URBAN		
ENTERED: 08/03/12-1942 ORDERED: CBC W/DIFF, MANUAL DIFF		OTHR DR: NO LOCAL PHYSICIAN		
Test	Result	Flag	Reference	Verified
<u>CBC W/DIFF</u>				
WBC	7.6		4.8-10.8 K/uL	08/03/12-1953
RBC	4.13	L	4.7-6.1 M/uL	08/03/12-1953
HGB	12.6	L	14.0-18.0 gm/dL	08/03/12-1953
HCT	37.9	L	42-52 %	08/03/12-1953
MCV	91.8		80-94 fL	08/03/12-1953
MCH	30.5		27-31 pg	08/03/12-1953
MCHC	33.2		33-37 g/dL	08/03/12-1953
RDW	13.5		11.5-14.5 %	08/03/12-1953
PLT	183		130-400 K/uL	08/03/12-1953
MPV	9.8		7.4-10.4 fL	08/03/12-1953
<u>MANUAL DIFF</u>				
PLT ESTIMATE	PENDING RESULT(S)			

ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC Tyler



43328731

** END OF REPORT **

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

EMERGENCY DEPARTMENT
ONGOING NURSING ASSESSMENT

Date: 8/3/2012

903-5356262

Palestine Regional Medical Center

P# L00104029459

Name: **ADAMS, RODNEY**

Age: 46YRS DOB: 01/01/1966

EDP:TOOTE, PAUL

MR#: L000199921

PCP: NO LOCAL DOCTOR

NURSING DIAGNOSIS (Number in order of priority) Each patient must have at least one selected			
Airway Clearance, Ineffective	Communication Impaired	Infection, Potential	Self Care Deficit
Anxiety	Coping, Ineffective	Injury, Potential	Skin Integrity Impairment
Breathing Patterns, Ineffective	Fluid Volume, Alteration In	Knowledge Deficit	Thought Processes, Impaired
Cardiac Output, Decreased	Gas Exchange, Impaired	Mobility Impaired	Thought Processes, Alteration in
Comfort, Alteration in	Hyperthermia (Fever)	Non-Compliance	Tissue Perfusion, Alteration in
Other _____		Other _____	

The GOAL PPLAN for this patient is to assist in meeting identified needs.

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC Tyler

43328731

	Not Met	Met	Int
<input type="checkbox"/> FB REMOVAL			
<input type="checkbox"/> BLEEDING CONTROL			
<input type="checkbox"/> PAIN CONTROL			
<input type="checkbox"/> ALLEVIATE NV			
<input type="checkbox"/> FEVER CONTROL			
<input type="checkbox"/> DECREASE ANXIETY			
<input type="checkbox"/> SAFETY IN THE ED			

Int: N = documentation in nurses notes, other 'codes' per Hospital Policy.

	Met	Met	Int
REATHING			
DISTRESS			
NEEDS			
NEEDS			
ILITY NEEDS			
NEEDS			

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD****Palestine Regional Medical Center**

Date In: 8/3/2012 ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC Tyler

PI#: L00104029459
 46YRS DOB: 01/01/1966 Sex: M MR#: L000189921
 TOOTE, PAUL PCP: NO LOCAL DOCTOR

Allergies: NKI



43328731

INFUSION & INJECTION INTERVENTION							
Site	Location	Gauge	Attempts	Initials	Complications / Comments	Date / Time	
A	CCAC	18	1	EMS		8/3/12	
B	Tunica	18	1	ME			
IV INFUSION <15 MIN							
IV #1: Solution	NS	Flow Rate	50cc/s	Hydration	Initial	Sequential	Concurrent
Start	1930	Stop	2010	Ongoing	Site: A	Rate chg/Time	Nurse
IV #2: Solution	NS	Flow Rate	50cc/s	Hydration	Initial	Sequential	Concurrent
Start	1942	Stop	2020	Ongoing	Site: B	Rate chg/Time	Nurse
IV #3: Solution	Amelox	Flow Rate	250cc/hr	Hydration	Initial	Sequential	Concurrent
Start	2010	Stop	2030	Ongoing	Site: A	Rate chg/Time	Nurse
IV #4: Solution	Levothyro	Flow Rate	100mg/hr	Hydration	Initial	Sequential	Concurrent
Start	2021	Stop	2021	Ongoing	Site: A, B	Rate chg/Time	Nurse
INJECTION <15 MIN							
Medication	Succ	Improved	Worse	Unchanged	Site: A	Dose: 120mg Time: 1941	IM SUBQ IV Push Nurse
Medication	Versed	Improved	Worse	Unchanged	Site: A	Dose: 5mg Time: 1942	IM SUBQ IV Push Nurse
Medication	Ativan	Improved	Worse	Unchanged	Site: B	Dose: 2mg Time: 1945	IM SUBQ IV Push Nurse
Medication	Zefren	Improved	Worse	Unchanged	Site: B	Dose: 1mg Time: 1946	IM SUBQ IV Push Nurse
Medication	Ativan	Improved	Worse	Unchanged	Site: B	Dose: 2mg Time: 1947	IM SUBQ IV Push Nurse
VACCINATIONS							
Influenza (Site)		SUBQ/IM Lot#		Time	VIS Version Given:		Nurse
Pneumovax (Site)		SUBQ/IM Lot#		Time	VIS Version Given:		Nurse
Hepatitis (Site)		SUBQ/IM Lot#		Time	VIS Version Given:		Nurse
Other (Toxoid Name)		SUBQ/IM Lot#		Time	VIS Version Given:		Nurse
Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail							
OTHER MEDICATIONS: ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS							
Medication	Improved	Worse	Unchanged	R	PO SL INHAL	TOPICAL Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO SL INHAL	TOPICAL Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO SL INHAL	TOPICAL Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO SL INHAL	TOPICAL Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO SL INHAL	TOPICAL Time given	Nurse
RESPIRATORY INTERVENTIONS BY NURSING PERSONNEL							
Aerosol Medications			Time given		Patient Response		Nurse
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO							
Nursing #1 Signature				Date / Time		Nursing #2 Signature	
8/3/12							
Date / Time							

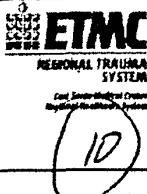
Rev. 1/5/2010

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

Enr	AS	INTREPID EMERGENCY MEDICAL SERVICE 822 LCR 828 DONIE, TX 75838 903 (208-0691)												
Trans	At Destination	Completed												
Date		Call Number	PT # of #	Name: Last, First						D.O.B.				
02/03/12		208-0691												
Chief Complaint														
ALLERGIES <input type="checkbox"/> None <input checked="" type="checkbox"/> unk														
MEDS <input type="checkbox"/> None <input checked="" type="checkbox"/> unk														
MEDICAL HISTORY <input type="checkbox"/> HTN <input type="checkbox"/> Nicotine User <input type="checkbox"/> Cancer <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Cardiac <input type="checkbox"/> CHF <input type="checkbox"/> Communicable Disease <input type="checkbox"/> COPD <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> unk														
PARAMEDIC ASSESSMENT	LOC	PRIMARY SURVEY	PUPILS	TEMP	Vital Signs			Vital Signs			O2 SAT.			
	CHOOSE ONLY ONE		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Partial Obst. <input type="checkbox"/> Total Obst.		<input type="checkbox"/> PERTL <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Hot			<input type="checkbox"/> Time <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> BP			<input type="checkbox"/> Time <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> BP		
	<input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Responds to Voice <input type="checkbox"/> Responds to Pain <input checked="" type="checkbox"/> Unresponsive		<input type="checkbox"/> L		<input type="checkbox"/> COLOR <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Rushed <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10			<input type="checkbox"/> Time <input type="checkbox"/> Time <input type="checkbox"/> Time		GLUCOSE		
	<input type="checkbox"/> WEIGHT <input checked="" type="checkbox"/> lbs. <input type="checkbox"/> KG		<input type="checkbox"/> C <input type="checkbox"/> Normal <input type="checkbox"/> Weak <input checked="" type="checkbox"/> Bounding <input type="checkbox"/> Irregular <input type="checkbox"/> Absent		<input type="checkbox"/> CERVICAL SPINE <input type="checkbox"/> Pain <input type="checkbox"/> Numbness <input type="checkbox"/> Tenderness <input type="checkbox"/> Motor Loss <input type="checkbox"/> N/A		<input type="checkbox"/> PAIN SCALE (10 = Worse) 1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/> SKIN TURGOR TEST <input type="checkbox"/> CO2 LEVEL			<input type="checkbox"/> Time <input type="checkbox"/> Time <input type="checkbox"/> Time	
	<input type="checkbox"/> NEURO <input type="checkbox"/> CVA SCALE <input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> CHEST		<input type="checkbox"/> WNL <input type="checkbox"/> N/A <input type="checkbox"/> ABN		<input type="checkbox"/> PHYSICAL EXAM (COMMENTS) <input type="checkbox"/> Weakness - Location: <input type="checkbox"/> Decr. Sensation - Location: <input type="checkbox"/> Facial Droop <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Arm Drift <input type="checkbox"/> JVD <input type="checkbox"/> TD									
	<input type="checkbox"/> LUNGS <input type="checkbox"/> ABDOMEN <input type="checkbox"/> BACK / SPINE <input type="checkbox"/> PELVIS <input type="checkbox"/> EXTREMITIES		<input type="checkbox"/> L		<input type="checkbox"/> GLASCOW COMA SCALE <input type="checkbox"/> Best Motor: <input type="checkbox"/> Time <input type="checkbox"/> Best Verbal: <input type="checkbox"/> Time <input type="checkbox"/> Eye Response: <input type="checkbox"/> Time									
	EKG MONITORING: Rhythm: <input type="checkbox"/> HR: <input type="checkbox"/> R>I EKG CHANGES: <input type="checkbox"/>													
	GENERAL TREATMENT/PROCEDURES / MEDS / IV / O2 RESULTS OF TREATMENT													
	TIME													
	50													
ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: 10/02/1966 ETMC Tyler														
 43328731														
Narrative:														
Signature		Cert.	2nd Attendant (Dr.)	Cert.	RN / LVN Accepting Pt.									

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

ED Medication Orders



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: October 2, 1966 Sex: Male
Med Rec#: 1290384 Age: 45 yr
Account#: 43328731

Physician's Signature: Colin A. Martin M.D.

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC TYLER



Page 1 of 5

Page 1 of 1
Printed 8/3/2012 at 22:59

ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Platycotisum M/S Adams - 3892

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: October 2, 1966 **Sex: Male**
Med Rec#: 1290384 **Age: 45 yr**
Account#: 43328731

Chief Complaint**1. Medical Problem - Major**Basic Information

Time: 11 // Hx: Pt / Spouse / S.O. / Father / Mother / Child / Guardian / Interp / Other // Amb: BLS ALS // Police
 Per nurse notes / WNL / T 98 P 110 R 20 BP 120/80 SaO₂ 98 % /
 Medications: Per nurse notes / None / Per list / Reconciled /

Allergies - intolerances:

Per nursing notes: substances reactions / NKDA /

Immunizations:

Per nurse notes / Influenza / Pneumococcal / Tetanus: less than 5 yrs 5-10 yrs more than 10 yrs never /

History limitation:

None / Clinical condition / Physical impairment / Cognitive impairment / Language barrier /

History of Present Illness

*7 days. Pt reports head in prison cell & AC & O2 tank temp 110
 head in cell & O2 tank & neck pain*

Duration/Timing

Symptom duration:

/ 7 days wks mos / Since date _____ time _____ /

Symptom course:

None / Resolved / Decreasing / Constant / Increasing / Episodic / Waxing & waning /

/ Abrupt / Gradual / Unknown /

Location

Symptoms:

As noted / Describe /

Quality/Severity

Symptom quality:

As noted / Describe /

Modifying Factors

Exacerbating:

None / Activity /

Mitigating:

None / Rest /

Context

Prior similar symptoms:

None / Describe /

Assoc Signs & Symps

Const:

None / Fever / Chills / Sweats / Malaise / Gen weakness / Decreased LOC /

Review of Systems

See HPI for - Const

Eye: Neg / R / L / Pain / Eyelid inflammation / Conjunctival inflammation / Vision change /
 ENT: Neg / R / L / Ear: pain disch / Nose: congestion disch bleed / Mouth: pain swelling / Throat: pain swelling hoarse /
 CV: Neg / Chest pain / Palpitations / Tachycardia / Bradycardia / Syncope /
 Resp: Neg / SOB at rest / SOB c exercise / Orthopnea / Cough / Wheezing / Stridor /
 GI: Neg / Nausea / Poor PO intake: solids liquids / Vomiting / Hematemesis / Diarrhea /
 Hematochezia / Constipation / Melena / Pain /
 GU: Neg / Dysuria / Hematuria / Discharge / Lesions / R / L / Testicle: pain mass / Urine: decr incr /
 MS: Neg / R / L / Hand / Shoulder / Arm / Knee / Leg / Neck / Back / General / Stiff / Pain / Chronic / Acute /
 Skin: Neg / Jaundice / Rash / Pruritus /
 Neuro: Neg / Confusion / R / L / Hearing loss / R / L / Vision loss / Diplopia /
 Abnl: speech motor sensation balance / HA / Seizure /
 Psych: Neg / Anxiety / Depression / Mania / Ideation: suicidal homicidal delusional / Hallucinations /
 Endocrine: Neg / Polydipsia / Polyuria / Heat - cold intolerance / Cushingoid /
 Heme/Lymph: Neg / Lymphadenopathy / Easy bruising / Prolonged bleeding / Anemia /
 Allergy/Immuno: Neg / Allergies as noted / Recurrent infections / HIV: CD4# _____, Viral Load _____ /
 Other significant: All systems otherwise neg /

Past Medical History

See HPI / See dictation / See med record dated _____ /

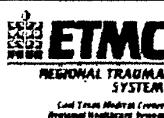
Med: Neg / CAD HTN Angina A.Fib MI CHF Mur / Asthma / GERD / CA / CRF / High chol / Hypothyroid / DM: type_1 type_2 /
 Surg: Neg / Not significant / CABG x ____ / PTCA / Stent / Chole / Appy / Hernia /



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: October 2, 1966 **Sex: Male**
Med Rec#: 1290384 **Age: 45 yr**
Account#: 43328731

Family History

FMH: Not significant / Asthma / COPD / CAD / HTN / MI / DM / CA / Seizures / Unknown /

Social History

Social concerns: None / Neglect / Abuse / Living situation /

Habits: None / ETOH: occ reg amt _____ per day wk / Tobacco: occ reg _____ ppd x _____ yrs /

Marijuana / Cocaine / Heroin / Amphetamines /

Examination

General:

NAD / Mild distress / Mod distress / Sev distress

Skin:

WNL / Pale / Jaundice / Cyanotic / Mottled / Diaphoretic / Ashen / Tenting /

Erythema / Petechiae / Macules / Papules / Vesicles / _____ mm cm / Discrete / Confluent /
R / L / Hand / Arm / Lower leg / Thigh / Face / Scalp / Trunk / Genitalia /

Head

Scalp: WNL / R / L / Occipital / Parietal / Temporal / Frontal / Erythema / Bruises / Swelling / Tenderness /

Face: WNL / R / L / Infraorbital / Cheek / Maxilla / Ethmoid / Jaw / Erythema / Bruises / Swelling / Tenderness /

Eye: WNL / PERRL / Scleral icterus / Abnl EOM / Nystagmus: hor vert / R / L / Lid Inflammation /

R / L / Conjunctiva inflammation / Abnl pupil: R _____ L _____ / R / L / Papilledema / A - V nicking _____ /

ENT: WNL / R / L / TM: dull red bulging / R / L / Nars: congestion blood / Dry mucous membranes /

Tongue: swelling bruising lesions / Pharynx erythema / R / L / Tonsil: swelling exudate / Absent gag /

Neck: WNL / Supple / Tenderness: spinous process paraspinal / Enlarged thyroid / Stiffness / Painful ROM /

Heart: WNL / Reg rate & rhythm / Bradycardia / Tachycardia / Extra beats / Irregular / S3 / S4 /

Syst mur _____ /6 at _____, rad to _____ / Dias mur _____ /6 at _____, rad to _____ /

Respirations: WNL / Slow / Rapid / Shallow / Labored / Retractions / Access. mus. use / Controlled vent. /

Lungs: WNL / Clear / Diminished _____ / Rhonchi: insp exp _____ / Rales: coarse fine insp exp _____ /

Wheeze: insp exp _____ / Stridor: insp exp _____ / Pleural rub: insp exp _____ /

Abd: WNL / Obese limiting exam / Soft / Scars _____ / Distended / Abnl bowel sounds _____ / Tenderness _____ /

Guarding _____ / Rebound _____ / Enlarged: liver spleen _____ cm / Mass _____ / Bruit _____ /

Rectal: WNL / Deferred / Tenderness _____ / Hemorrhoids: _____ / Prostate: _____ /

Mass _____ / Abnl color: blood streaked red black / Heime: pos neg q.c. ok / Decreased tone /

Genital: WNL / Erythema / Vesicles / Discharge / Tenderness / Ulcer / Mass _____ cm / R / L / Glans / Shaft /

R / L / Scrotum / Testis / Inguinal /

Back: WNL / R / L / Thoracic / Lumbar / Midline / Paraspinal / CVA / Abrasion / Tenderness /

Extremities: WNL / R / L / Hand / Arm / Foot / Ankle / Lower leg / Thigh / Tender / Swelling / Deformity / Edema _____ + /

Neuro: WNL / Alert / Ox _____ / Decr LOC / Cognitive dysfunction / Abnl CNS II-XII / Aphasia - Dysarthria /

Motor deficit / Sensory deficit / Abnl cerebellar tests / Abnl gait /

Psych: Appropriate / _____ / Depressed / Anxious / Agitated / Uncooperative / Combative /

Lymph: WNL / R / L / Ant / Post / Neck / Axillary / Inguinal / Generalized /

Enlarged: mln mod _____ cm / Tender: mild mod sev / Non-tender /

Perfusion (R/L): WNL / Warm x 4 / Rad: (_____ / _____) / Femoral: (_____ / _____) / Pop: (_____ / _____) / Cool periphery .

D. Pedis: (_____ / _____) / Post lb: (_____ / _____) / Cap ref: (_____ / _____) /

Critical care:

Critical Care Note:System at risk for life threatening failure: CNS / Upper airway / Respiratory / Cardiac / Circulatory / Hepatic / Renal
Associated problems: Hypertension / Hypotension / Shock / Hypercarbia / Hypoxia / Bleeding / Dehydration /

Metabolic changes / Acidosis / Arrhythmia / Infection / Post OP / Drug overdose / Trauma /

1. Procedures/Services** ---- Cardiac monitor interp / Venipuncture / Arterial Puncture

CXR interp / NG placement / Vent management / Transcutaneous pacing / Defibrillation

2. Management: _____ Beside management / Foot review / Record review /

Case discussion related to critical care / Case documentation /

Net Critical Care time (1 + 2)

Time (mins)

5

70

76

** Exclusive of separately billed procedures (ET intubation, temporary transvenous pacing, elective cardioversion, chest tube, CPR, pericardiocentesis, tracheostomy, cricothyroidotomy, thrombolysis, IO line, central line, EKG interp)

Physician Signature _____

Collin L. Marino M.D.

5102



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: October 2, 1966 **Sex: Male**
Med Rec#: 1290384 **Age: 45 yr**
Account#: 43328731

Additional Problem

1. Arterial Line Placement Note

Examination

Limited by: Clinical condition /

Arterial line:

Arterial Line Placement Note: Indications: Continuous BP measurement / Repeated arterial blood sampling / Approach: R / L / Radial - Allen's test neg / Brachial / Dorsalis pedis / Femoral / Preparation: Topical Betadine / Sterile drapes / Anesthesia: None / 1% Lidocaine _____ mL subQ in area of placement / Technique: Percutaneous / Cut down / Catheter size: 18 _____ / Seldinger over wire / Transducer pulse wave: Good / Poor / Post procedure distal CMS: Normal / Unchanged / Decreased circulation / Weakness / Numbness / Patient tolerated procedure: Well / Moderately well / Poorly / Physician Initials: <i>Calvin Adams M.D.</i>		Preprocedure Verification <input type="checkbox"/> Correct Pt, Proc. Site <input type="checkbox"/> Time out * Verbal confirm
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------------



ED Physician Notes copyright LYNX Medical Systems, Inc 2012 N 10


 Page 1 of 1
 Printed 8/4/2012 at 1:06
 ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-5pg

ED Course / Workup

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: October 2, 1966 **Sex: Male**
Med Rec#: 1290384 **Age: 45 yr**
43328731

Clinical Work-up

Cardiac Monitor Rate _____ / Rhythm: NSR _____ / STT[\] - Ectopy _____
 EKG Rate 169 / Rhythm: NSR ST / PR: ND / QRS: Normal / Axis: Normal / Previous EKG: N / Y / Unchanged / ABP: Interp/Review
 CBC NL except: WBC _____ / Hgb _____ / Hct _____ / Platelets _____ / segs _____ / bands _____ / lymphs _____ / monos _____ / eos _____
 Metabolic Profile NL except: Na 130 / K 4.5 / Cl 96 / CO₂ _____ / Glu _____ / Ca _____ / BUN 24 / Creat 2.2 / Albumin _____
 Total Protein _____ / AST(SGOT) 40 / ALT(SGPT) 30 / Alkaline Phos 117 / Total Bilirubin _____
 Cardiac Enzymes NL except: CK 165 / CKMB 8 / Troponin 1.59 / PT _____ / INR _____ / PTT _____ Other _____
 UA NL except: WBC _____ / RBCs _____ / bacteria _____ / dip _____
 Other Lab D-Stick _____ / HCG qual _____ / HCG quant _____ / Hemacult _____ / Amylase _____ / Lipase _____ / BNP _____ / D-Dimer _____
 Other Lab I-Stat 6000 / Other osm 274
 X-ray (1) UP S (2) 7.158/45/83.4/18.6 NL Interpreted by EP / Radiology
 CT / MRI / US NL Reason Ordered

ED Course (Timing, Reason, Intervention, and Result)

Recheck 1 Unchanged / Improved / Worse to work to use AMI - Aspirin at arrival: Y / N / Not indicated / Pt refused
 Recheck 2 Unchanged / Improved / Worse PMD PSOT Dix Beta blocker at arrival: Y / N / Not indicated / Pt refused
 Consultant

Calls Placed

Discussion Pl. t prothrombin time stroke 2° to external epothen. then Enox 1/1 to 1/3 per progress and by DDC. t hypotension despite giving DDC/progress and then stroke. then ant. Icar
 Prudent layperson EMC: Y / N EMTALA EMC: Y / N Stability: Stable for Discharge / Stable for Transfer / Unstable

Records Reviewed Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Inpatient Ordered / Inpatient Unavailable

Clinical Impression / Diagnosis

(1) Heart Stroke / DIC / Hypertension / Ams / Delirious / Hypotension / Coma Respiratory arrest Cardiac
 ABDOMINAL PAIN, SITE NOS ESSENTIAL HYPERTENSION NOS MALAISE AND FATIGUE
 ANEMIA NOS FACILITY ADMISSION NAUSEA WITH VOMITING
 DIABETES, UNCOMP, TYPE II HEADACHE URINARY TRACT INFECTION NOS

Disposition

Location Home / Adm NH or ALF / LWBS / AMA / Transf For Work Injuries Follow-up Plan Limit Activities for _____ Days / Referral in _____ Days
 Condition Improved / Stable / Serious / Expired at _____ Follow-up Physician For Work Injuries No Work for _____ Days / Limited Duty for _____ Days
 Prescriptions Critically Follow-up Instructions PMD / On Call MD / Other _____

Associate Provider:

Counseled

Clinical Work-up / Diagnosis / Treatment Plan

Attending Physician:

C. Marino M.D.
34182PA / RN, ACNP-C
Completed @ 12:30 Additional Dictation
Care Assumed at _____

Printed 8/3/2012 at 22:59 - Page 1 of 1

ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eDischarge Summary-8/4/2012-David I. Jones, MD-DC0002-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
DISCHARGE SUMMARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF ADMISSION
08/03/2012

DATE OF DEATH
08/04/2012 at 1750 hours.

DISCHARGE DIAGNOSES

1. Heatstroke.
2. Disseminated intravascular coagulation secondary to above.
3. Respiratory failure requiring intubation and mechanical ventilation secondary to above.
4. Refractory shock.
5. Severe anemia.
6. Thrombocytopenia.
7. Severe coagulopathy.
8. Obtundation and severe brain injury.

CONSULTATIONS

Dr. Gary Gross, hematology/oncology.

OPERATIONS AND PROCEDURES

1. Central venous catheter insertion, right femoral vein.
2. Arterial catheter insertion, left radial artery.

DESCRIPTION

This 45-year-old white male who was confined to TDCC in Palestine area apparently developed severe hyperpyrexia with a temperature of 107.8 and had collapsed at the prison. He was found having seizure-like activity by the inmates. Apparently, he was retrieved by ambulance and taken to Palestine where his initial temperature was 107.8. He was intubated somewhere en route and stabilized, and then transferred here for higher level of care.

Upon arrival, he was severely "shocky". He was started on vasopressor therapy and admitted to the intensive care unit. He developed a severe coagulopathy and diffuse oozing from all orifices. His hemogram was severely abnormal. He was treated with broad spectrum antibiotic coverage

DISCHARGE SUMMARY

Page 1 of 2

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eDischarge Summary-8/4/2012-David I. Jones, MD-DC0002-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
DISCHARGE SUMMARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

and he had been cooled adequately prior to admission.

He had severe neurologic injury and never regained consciousness. He remained in refractory shock throughout his hospital stay. He received a large amount of blood product and Dr. Gross was consulted to help with his evaluation.

His mother, the closest relative, indicated that she wanted no further resuscitative efforts late in the day after a large number of blood products were administered and the patient was showing no evident recovery. With that in mind, Dr. Gross and I determined that all ongoing care was futile, and therapy was stopped, specifically vasopressors and then mechanical ventilation, and he expired and was pronounced dead at 1750 hours.

cc:

TR: kxj JOB#: 111877917
DD: 08/04/2012 05:51 P
DT: 08/04/2012 07:02 P

DISCHARGE SUMMARY
Page 2 of 2

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eFacesheet-8/3/2012--FA0002-1pg

East Texas Medical Center TYLER

ADMISSION RECORD-0100

***** Patient Information *****
Name-ADAMS, RODNEY DOB-10/02/1966 Age-045Y Sex-M Race-W
Acc#-00043328731 Med Rec 129-03-84 Admit Date&Time-08/03/2012 23:52
PatientType-I MedSrv-EMR NurseStation-POD1 Room#-M10 - A UserID-TY_SMIK
Address-PO BOX 6400 CtyStZip-TENNESSEE COLONY, TX 75861
Home Phone Number-903-9283118 County-ANDERSON
Employer-INFORMATION NOT COLL Occupation-
Admitting Doc-(43697)DIX-EMPERADOR, LI Attending Doc-(43697)DIX-EMPERADOR, LI

***** Guarantor Information*** *****
Name-ADAMS, RODNEY Relation-SELF Phone903-9283118
Address-PO BOX 6400 CityStZip-TENNESSEE C, TX 75861
Employer-INFORMATION NOT COLL Phone-

***** Emergency Contact1 *****
Name- Relation-
Address- CityStZip-

***** Emergency Contact2 *****
Name- TDCJ, GURNEY UNIT Relation-OTHER
Address- PO BOX 6400 CityStZip- TENNESSEE COLONY, TX 758

***** Insurance 1 *****
Name- UTMB CORRECTIONAL MANAGED CARE Number- 1960 Phone-
Address- DIBOLL P-P-DIBOLL CityStZip-GALVESTON, TX 775551008
Subscriber- ADAMS, RODNEY Soc-Sec-Num-
Group#- DOS08032012 Policy#-1797921

***** Insurance 2 *****
Name- Number- Phone-
Address- CityStZip-
Subscriber- Soc-Sec-Num-
Group#- Policy#-
===== End Of Data =====

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF ADMISSION
08/03/2012

HISTORY AND PHYSICAL

The patient was seen in the emergency room. The patient actually was transferred from an outlying institution. The patient actually is a 45-year-old white male who was actually incarcerated and was found down. By the time the patient had presented to the emergency room locally he apparently had a core temperature of 108 and was unresponsive. The patient was then stabilized. He was intubated, had IV fluid resuscitation. Continued to have an increased temperature of 108 and was completely unresponsive. In speaking with the police officers that were with him, they state that the patient was in a transfer facility and apparently 54 other inmates were there. Apparently the patient was up and about and had gotten something to eat and came back. He said he was a little bit dizzy and wanted to change up bunks and then when he went to lie down, they state that about 30 minutes later they found him seizing and then he became unresponsive.

PAST MEDICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY
Inability to obtain. As far as medical records as to whether this patient has any other history of hypertension or diabetes, no records were brought over from the transfer unit.

DATA

As far as his data, he did have a CT scan of his head and this was at 7:43 p.m. at the other institution which showed no intracranial bleed. No masses. There was no old CT for comparison. He had a tox screen there that was negative for marijuana, amphetamines, PCP, cocaine.

LABORATORY DATA AT THE OUTLYING INSTITUTION

Hemoglobin 12.6, hematocrit 37.9, platelet count 183. Platelets estimate were adequate. He had 33 segs, 1 band, 57 lymphs, 4 monos. The patient had a sodium of 131, potassium 5.9, chloride 98. CO2 23, anion gap 14.9, BUN 24, creatinine 2.2, total protein 7, albumin 3.0. Calcium 7.3, AST 40, and ALT 30. He had an alk phos of 117, CK 165. Osmolality calculated was 274, CK-MB 0.8. ETOH was less than 10.

PHYSICAL EXAMINATION

HISTORY AND PHYSICAL
Page 1 of 4

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

VITAL SIGNS: Basically, the patient on arrival here, temperature core was still up at 104. The patient was intubated. He had what looks like a traumatic intubation because he had a lot of increased blood about his orifice. He was saturating at 95% to 100% on a ventilator. The patient is unresponsive with dilated pupils bilaterally. Core temperature is still up at 104.

HEENT: Cervical collar is in place.

LUNGS: Diminished breath sounds throughout but clear. No rhonchi, no wheezes.

ABDOMEN: Benign.

RECTAL: Foley was in place.

SKIN: There was no evidence for ecchymotic areas or contusions of the abdomen.

EXTREMITIES: Are cool, pale.

GENITALIA: He has a Foley catheter in place. Urine is actually light in color and no real evidence for infection.

He did have an EKG in the outlying institution that showed supraventricular tachycardia at 189 beats/minute. A followup EKG monitor here still shows sinus tach at 110. Followup EKG is ordered.

LABORATORY DATA SINCE HE ACTUALLY ENDED UP HERE AT THIS INSTITUTION
Followup CT is pending. The patient has a rectal temperature of 104.4. Pulse is still 168. Blood pressure is 96/61; 100% saturation on current settings. His ABG on arrival: pCO₂ of 45, pO₂ of 90.6, total hemoglobin 1.4, sodium 34.7, potassium 5.0. Laboratory data significant for creatinine kinase now at 11:23 p.m. of 13.21. CK-MB of 16.8%, troponin of 38. He has a BUN of 31, creatinine 1.5, AST 271. He has bilirubin of 1.8, direct bilirubin of 0.85. He has total protein of 5.8, albumin 2.7, calcium 6.6. He has a white blood count now of 19.8, hemoglobin 11.5, platelet count of 57, bands of 12 and enucleated red blood cells of 10. The patient is still unresponsive.

The patient was treated with Zosyn in the emergency room.

ASSESSMENT AND PLAN

1. Mental status. The patient was noted to be seizing. At this point the patient is unresponsive. Both pupils are dilated. Patient with significantly elevated core temperature at 108. Questionable if this

HISTORY AND PHYSICAL

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

patient had a stroke, heat stroke, and then seizure, and then subsequent unresponsiveness. The first CT of the head was unremarkable. There was no evidence for brain swelling. At this point in time, the patient has had a significant amount of fluid resuscitation, so a followup CT without contrast has been initiated. Consult was also made to PSOT; was called in when the patient came in at 11:00 to this institution by Dr. Marino with Christine Porter being called.

2. Acute renal failure noted with elevation of his BUN and creatinine. Will continue IV fluid resuscitation. the patient will have his followup CT of the head.
3. Gastrointestinal. Patient with elevated transaminases consistent with shock liver. In addition, patient with DIC panel positive for _____ product from the patient most likely with multi-organ system shutdown.
4. Elevation of cardiac enzymes again, most likely with shocky organ systems. Will plan for an echo in the morning and evaluate LV-function, and when the patient has dilated, cardiomyopathy.
5. As far as his neuro status, will have neuro checks and then will also plan for an EEG in the morning to assess brain function.
6. Rectal Foley is in place, continue.
7. Supraventricular tachycardia noted. Could this patient have presented with a supraventricular tachycardia and then with decreased blood pressure? Will plan to have to have a followup EKG now if he is still having increased significant tachycardia. Will plan to go head and start a Cardizem drip.
8. Since there is some significant acidosis followup ABG with pH now of 7.15. Patient will be treated with 2 amps of bicarb. An ABG will be rechecked.

The family has now appeared and we will talk to the family before the patient goes up.

cc:

TR: dff JOB#: 111877202

HISTORY AND PHYSICAL
Page 3 of 4

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DD: 08/04/2012 01:04 A
DT: 08/04/2012 03:32 A

HISTORY AND PHYSICAL
Page 4 of 4

ADAMS, RODNEY

ID:001290384

04-AUG-2012 07:48:50

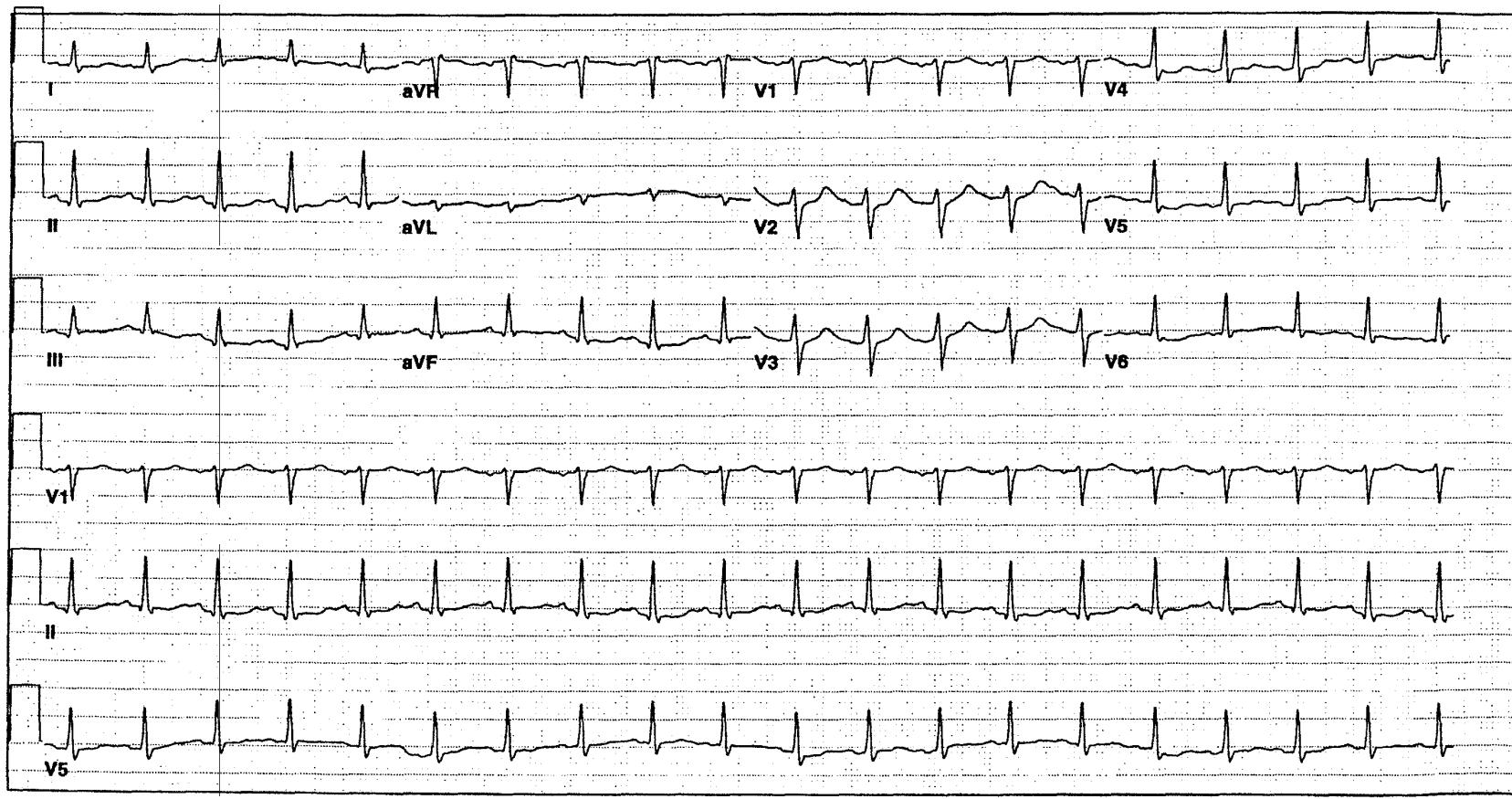
ETMC - TYLER-2W B ROUTINE RECORD

02-OCT-1966 (45 yr)
Male CaucasianRoom:2262
Loc:11Vent. rate 117 BPM
PR interval 144 ms
QRS duration 100 ms
QT/QTc 366/510 ms
P-R-T axes 67 68 46Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG
No previous ECGs availableTechnician:LIDIA RODRIGUEZ
Test ind:METABOLIC

Referred by: SIGAL

Newly Acquired

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 EKG-8/4/2012 --CA0022-1pg



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 HD CID: 44

SID: 080542102 EID:Newly Acquired EDT: ORDER: 1731047 ACCOUNT: 00043328731

Page 1 of 1

McCollum/ Adams-153

Page 1 of 1

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePhysician Progress Note-8/4/2012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF PROGRESS NOTE
08/04/2012

SUBJECTIVE

The patient has continued to do poorly all afternoon. His blood pressure has drifted down. He is now on multiple pressors including epinephrine, still with marked hypotension and shock.

OBJECTIVE

He has received a huge amount of blood products throughout the day and even after all that, his hemoglobin is back down to 5, his platelets are at 60,000, and his coags still are markedly abnormal. He continues to ooze diffusely. Neurologically he showed no significant change and is unresponsive.

ASSESSMENT

I have discussed this with his mother who requests that all efforts be stopped and he be allowed to die. I concur with that given the severity of his condition and the likelihood of death. I have discussed this with Dr. Gross who also concurs regarding futility of care.

PLAN

With that in mind, we will stop all pressors and then stop mechanical ventilation. Do Not Resuscitate status has already been issued, and all therapies will be stopped at this time.

cc:

TR: mah JOB#: 111877881
DD: 08/04/2012 04:58 P
DT: 08/04/2012 05:06 P

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:54 -05:00
TYLER PROGRESS NOTES
Page 1 of 2

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePhysician Progress Note-8/4/2012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

The patient remains critically ill. I saw him at 0245 hours last night for quite some time and then I am seeing him again today. He remains critically ill.

PHYSICAL EXAMINATION

GENERAL: Currently, he is on mechanical ventilation and is severely ill.

VITAL SIGNS: His temperature dropped to the 94.5 range. Blood pressure is 100/82 with a heart rate of 115 and respiratory rate of 24 on mechanical ventilation. He is quite edematous and has multiple areas of contusion and bleeding. He is bleeding from different orifices and these are addressed with a tamponade of some sort.

SKIN: Warm and dry without rash.

HEENT: Endotracheal tube and nasogastric tube with bleeding around the area and around the mouth. He has his nasal tamponades or tampons.

NECK: Supple, but he is still in a cervical collar.

CHEST: Reveals a few scattered crackles, but otherwise was clear.

HEART: Regular rhythm and rate without murmur, rub or gallop, but tachycardic.

ABDOMEN: Large, obese, nontender.

GENITOURINARY: Foley catheter.

EXTREMITIES: Mildly edematous. There is significant swelling of the right forearm, but no evidence of compartment syndrome at this time with good pulses.

NEUROLOGIC: Reveals him to be minimally responsive. He is initially fixed and dilated, but his pupils now have been reduced to 2 to 3 mm and they are reactive. Neurologically I can get no other response from him.

CURRENT VENTILATOR SETTINGS

Assist control of 22, tidal volume 650, PEEP of 5, FiO2 0.50.

FLUIDS

Include D5W at 80, Levophed at 30 mcg/kg/min, _____ at 290 mcg/kg, _____ 0.04 units per minute and a Protonix drip.

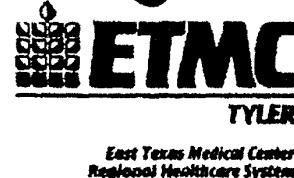
CURRENT LABORATORY

Quite abnormal with a recent blood gas with pH 7.16, pCO2 of 48, PO2 of 300. CPK is elevated at 1355 with a troponin of 35. INR is greater than 34 and D-dimer is greater than 69,000. Hemoglobin is reduced to 11 after transfusion; it was 6.9 earlier.

TYLER PROGRESS NOTES

Page 1 of 2

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: 32FF88103



82176

ABO/Rh: O Pos

CMV:

Product Code: 04730 Red Blood Cells - AS-3 Leukoreduced

Product Expiration Date: 08/28/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name: *Me*Name: *R. Adams*

Signature

Signature

Pre-Transfusion V/S: BP: 49/26 Pulse: 106 Resp: 21 Temp: 99.6 O2: 65% By: ORANPost-Transfusion V/S: BP: 60/57 Pulse: 170 Resp: 21 Temp: 97.6 O2: 97% By: ORANTransfusion Started: 09 8-4-12 0350 Transfusion Stopped: 09 8-4-12 0615Amount transfused: 300

Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

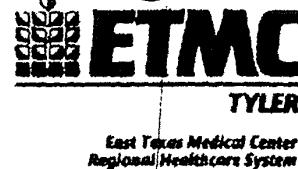
Hematuria

Shortness of breath

Other _____

Completed by _____ MD/RN Date _____ Time _____

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: W035212000042 L



82427

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD>AS 1/500mL/refg|Res1.eu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name:

Name:

Signature

Signature

Pre-Transfusion V/S: BP: 145/36 Pulse: 127 Resp: 21 Temp: 98.4 O2: 67% By: J. J. J.

Post-Transfusion V/S: BP: 67/52 Pulse: 122 Resp: 21 Temp: 98.4 O2: 67% By: J. J. J.

Transfusion Started: 72 8-4-12 0350 Transfusion Stopped: 91 8-4-12 0550

Initial Date Time

Initial Date Time

Amount transfused: 250

Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: VS: BP Pulse Resp Temp O2
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by J. Johnson RN MD/RN Date 8-4-12 Time 0625

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Tyler Air One Patient Record-8/4/2012--ER0005-2pg

NOTE: ALL TRANSPORTS REQUIRE COMPLETED FORM TO BE LEFT AT RECEIVING FACILITY AT TIME OF TRANSFER. 9/30/10

White/ Rec Facility ♦ Yellow/ PHI

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Tyler Air One Patient Record-8/4/2012--ER0005-2pg



Flight # _____ A/B/C

PATIENT CONSENT AND ASSIGNMENT OF BENEFITS

As a condition of receiving emergency transport and treatment by PHI Air Medical, L.L.C. (Provider), I hereby agree to the following:

- 1) **Consent to Treatment:** I consent to transport and treatment by PHI Air Medical, L.L.C. ("Provider") including the administration of blood products and any other treatment deemed necessary in the judgment of the medical crew (the "Services").
- 2) **Insurance Certification and Authorization:** I accept responsibility for ensuring that all certifications or authorizations required by Medicare, Medicaid or any insurance carrier(s) (collectively, "Insurance Carriers") have been obtained. I recognize that I am responsible for any balance not paid by my insurance carrier for any reason. I agree to sign any documents necessary to authorize Provider to contest any insurance denial.
- 3) **Guarantee of Payment and Assignment of Benefits:** I agree to pay Provider's charges for the Services, including but not limited to any co-payments, deductibles or other expenses not covered by insurance. All charges shall be due and payable on receipt of invoice. Unpaid accounts shall bear interest at the rate of 12% per annum. I assign and transfer to Provider all my rights in and to: (a) all insurance benefits whether such insurance is owned by me or not payable as a result of the injury or medical condition that necessitated the Services; (b) any and all proceeds paid or payable to me or on my behalf from any settlement, judgment or other award which is obtained as a result of the injury necessitating the Services; (c) any causes of action that may be assigned according to applicable State law, which I now have or may have in the future against any person or entity arising directly or indirectly from the injury or medical condition which necessitated the Services. I also assign and request payment of authorized Medicare, Medicaid or other government and private health benefits be made directly to Provider, for the present Services and any Services performed in the future.
- 4) **Release of Liability for Personal Valuables:** I understand and agree that Provider is not responsible for personal belongings brought into the ambulance, including, but not limited to, clothing, personal hygiene products, toiletries, dentures, glasses, prosthetic devices such as hearing aides, artificial limbs, medical assist devices, wallets, purses, credit cards, jewelry and money.
- 5) **Consent for Release and Use of Information:** I authorize any holder of medical or other information about me to release to Medicare, Medicaid or any other Insurance Carrier or their agents any information needed to determine benefits for this or a related claim, or for any other purpose permitted by law.
- 6) **Acknowledgement of Receipt of Notice of Privacy Practices:** I acknowledge receipt of Provider's Notice of Privacy Practices.
- 7) **Release of Police Reports:** I appoint Provider as my attorney in fact under applicable State law for the purpose of obtaining police reports and other data related to the accident or incident for which Services were provided.
- 8) **Attorney's Fees:** If any action at law or in equity is brought to enforce this Agreement, Provider shall be entitled to recover reasonable attorney's fees, court costs, and any other costs of collection incurred. The undersigned has read this Agreement, has had an opportunity to ask any questions I have, has received satisfactory answers thereto and enters into it voluntarily.

Patient's Signature: _____ Print Name: _____ Date: _____
(Required) (Required)

Patient's condition is such that he/she is physically or mentally incapable of signing then an authorized representative can sign:

Reason patient cannot sign: _____

(Explanation required whenever patient does not or cannot sign)

Signing of this for

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 18/02/1966 ETMC Tyler

This does not constitute acceptance of any financial responsibility by the signatory.

Facility Medical Record/patient ID number: _____

Copy to:
Version 6-phiccs
Date Revised Jul
White copy - PH



TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

East Texas Medical Center
Regional Healthcare System

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: W035212127087 E



81655

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA|CPD/XX/<=-18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name: Leigh RN Name: M. Burgan
 Signature Signature

Pre-Transfusion V/S: BP: 127 Pulse: 132 Resp: 21 Temp: 99.9 O2: _____ By: M. BurganPost-Transfusion V/S: BP: 126 Pulse: 130 Resp: 21 Temp: 99.9 O2: _____ By: M. BurganTransfusion Started: 07-14-12 08:04 Transfusion Stopped: 07-14-12 08:19
 Initial Date Time Initial Date TimeAmount transfused: 245 Patient observed during transfusion: ✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

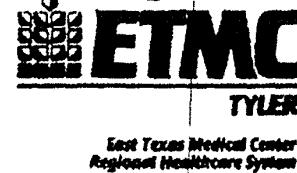
1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other _____

Completed by J. Johnson RN MD/RN Date 8-4-12 Time 0705

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

-----Product Information-----

UNIT No: W035212142587 R



82351

ABO/Rh: O Neg

CMV:

Product Code: E2555V00 PLASMA|CPD/XX/<=-18C|Frozen <=24h

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required Tech ID: KDC2 Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

-----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: Adams, RN Signature:Name: J. M. Berger Signature:Pre-Transfusion V/S: BP: 120/76 Pulse: 125 Resp: 21 Temp: 99.6 O2: _____ By: J. M. BergerPost-Transfusion V/S: BP: 121/78 Pulse: 130 Resp: 21 Temp: 99.6 O2: _____ By: J. M. BergerTransfusion Started: 08-4-12 22:00 Transfusion Stopped: 09 8-4-12 02:15Amount transfused: approx 250 ml Patient observed during transfusion: ✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

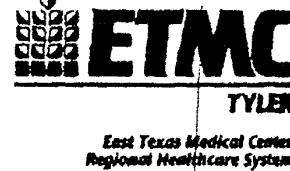
1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other _____

Completed by J. M. Berger MD/RN Date 8-4-12 Time 02:05

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: W035212127120 7



81652

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA|CPD/XX/<=18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required Tech ID: KDC2 Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: Adams, Rodney

Signature

Name: John Johnson

Signature

Pre-Transfusion V/S: BP: 87/55 Pulse: 105 Resp: 21 Temp: 98.9 O2: _____ By: JohnPost-Transfusion V/S: BP: 96/44 Pulse: 122 Resp: 21 Temp: 98.7 O2: _____ By: JohnTransfusion Started: 8-4-12 0730 Transfusion Stopped: 8-4-12 0741Amount transfused: 270Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other _____

Completed by John Johnson MD/RN Date 8-4-12 Time 0745

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePhysician Progress Note-8/4/2012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

SUMMARY

He remains severely and critically ill. His overall prognosis is extremely poor and this has been communicated to the family. I will order labs. I will ask Dr. Gary Gross, hematology/oncology, to see him today regarding help with his coagulopathy.

The cause of this is unclear. It looks like this may be all related to heat stroke, given his initial temperature of 107.9. I do not find evidence at this time to suggest neuroleptic malignant syndrome or TTP. There is no indication of poisoning at this time. I suspect that this is all a consequence of hyperpyrexia initiating a sepsis-type cascade with severe coagulopathy and resultant findings. His overall prognosis once again, it quite poor, but at this time we will continue in the short term. I will discuss this with his family.

Critical care time 40 minutes.

cc:

TR: kmb JOB#: 111877581
DD: 08/04/2012 11:21 A
DT: 08/04/2012 01:42 P

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:56 -05:00

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF PROCEDURE
08/04/2012

PROCEDURE PERFORMED
Right femoral triple lumen central line placement.

TECHNIQUE IN DETAIL

After informed consent, the patient's right femoral region was prepped and draped in the usual sterile fashion. 1% Xylocaine was used for local anesthesia. Using the modified Seldinger technique, the right femoral vein was cannulated without difficulty. A guidewire was placed and the needle was removed. Over the guidewire, a dilator was placed. This was then removed and a triple lumen catheter was placed over the guidewire into position without difficulty. The guidewire was removed. All ports were aspirated and flushed. The catheter was then sutured into position. Sterile dressing was applied. The patient tolerated the procedure well.

Procedure was performed by Dr. David Jones with adequate placement of a right femoral triple lumen. Sutured in place without any difficulty. No complications.

Dictated by Christine Porter, ACNP

cc:

TR: ddp JOB#: 111877211
DD: 08/04/2012 03:47 A
DT: 08/04/2012 10:33 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:58 -05:00

PULMONARY
Page 1 of 2

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

**ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:**

**PULMONARY
Page 2 of 2**

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eRadiology Report-8/3/2012-XR Chest 1 View-RA0001-1pg

East Texas Medical Center

1000 South Beckham Tyler Texas 75701 * (903) 531-8200

Imaging Services Consultation

Page 1

PATIENT NAME: ADAMS, RODNEY
ADAMS, RODNEY

MRN: 000001290384 **ACCESSION#:** 6430992

SEX: MALE **AGE:** 45 **DATE OF BIRTH:** 10/02/1966

NS#: POD1 **BED:** M10 A

PATIENT TYPE (Major/Minor): E / E

ACCT#: 43328731

Preliminary Report

Order Num 90001 by COLIN MARINO on Aug 3 2012 11:00PM

PROCEDURE: XR Chest 1 View

REASON FOR PROCEDURE: PALPITATIONS

PROCEDURE DICTATED: CHEST ONE VIEW

INDICATIONS: Palpitations.

RESULTS: Upright chest reveals endotracheal tube and nasogastric tube are in good position. Linear atelectatic changes are seen in both bases. No pneumothorax is seen. Pulmonary vascularity is normal.

IMPRESSION:

Linear atelectatic changes at both bases. No dense consolidation seen.

Endotracheal tube and nasogastric tube are in good position.

Accession Number: 6430992

Interpreting Physician: JOHN P ANDREWS MD ID#: 000380

Dictated on: Aug 3 2012 11:14PM

Transcribed by / Date: on

Approved Electronically by / Date: /

Distribution:

COLIN MARINO, M.D. ID#: 005219

END OF REPORT

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Nursing Assessment-8/4/2012--ER0012-1pg

Assessment Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm Date:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch Date:			
Entity:	0100 - Tyler		
Dx:			

ED Nursing Assessment & Care

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
Collected By	Hill Amanda B RN					
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
ED Room Placement Date	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012
IV Prior to Arrival 1					Yes	
Chief Complaint	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE
IV1 - Type	Saline Lock	Saline Lock			Saline Lock	
Unable to assess patient		Yes			Yes	
Chief Complaint	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE	TX HYPERTHERMIA/MI/ SEIZURE
Location	Right	Right			Right	
IV1 - Site	Antecubital	Antecubital			Antecubital	
BP					96/61	
Pulse					168 *HH*	
Size	20G			18G		
Respirations					14	
O2 Saturation (%)					100	
IV Prior to Arrival 2				Yes		
O2 Delivery Device					Ventilator	
Mode of Arrival Adm				Air Transport - Non - ETMC		
IV #2 Type	Saline Lock			Saline Lock		
Accompanied By				Self		
Temperature				104.4 F *H*		

Pt Name: ADAMS, RODNEY**MRN:** 1290384

Assessment Report

Entity: Tyler

Page 1 of 3

ORE_X0AQ_0010_DSCH_LYNX.rpt version v1.00

Adm Date: 08/03/2012

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Page 1 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Nursing Assessment-8/4/2012--ER0012-1pg

Assessment Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm Date:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch Date:			
Entity:	0100 - Tyler		
Dx:			

ED Nursing Assessment & Care

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
Collected By	Hill Amanda B RN					
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Site						Rectal
Location	Left				Left	
Historian					Paramedic/EMS Provider	
Out of ED Date/Time				08/04/2012 01:00		
Patient Disposition				Intensive Care		
IV #2 Site	Forearm				Antecubital	
Size	20G				18G	
Condition on Discharge				Stable		
Triage Level Key	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent
Departure Mode				Stretcher		
Escorted By				Law Enforcement		
Triage Date/Time	08/04/2012 02:17	08/04/2012 02:12	08/04/2012 00:38	08/04/2012 00:16	08/03/2012 23:00	08/03/2012 22:56
ED Room Placement Date	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012
Admit Room No.				2262		
Location.	Radial, Left					
Insertion Date	08/04/2012					
Tubing Date	08/04/2012					
Site Appearance	No complications					
Calibration Performed	Yes					

Pt Name: ADAMS, RODNEY

MRN: 1290384

Assessment Report

Entity: Tyler

Page 2 of 3

ORE_X0AQ_0010_DSCH_LYNX.rpt version v1.00

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Nursing Assessment-8/4/2012--ER0012-1pg

Assessment Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm Date:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch Date:			
Entity:	0100 - Tyler		
Dx:			

ED Nursing Assessment & Care

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
Collected By	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN	Hill Amanda B RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Dressing		Intact				
Action/Comment	PLACED BY DR. MARINO					
Unit Called	Yes					
Pre-Hospital General Treatment	See EMS Report					
Motor Response	Localizes to Pain					

Pt Name: ADAMS, RODNEY

MRN: 1290384

Assessment Report

Entity: Tyler

Page 3 of 3

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Page 3 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Admit/Discharge/Transfer**Order Sub Type: Admission**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034189	08/03/12 23:38	Admitting Physician - dix	Active	COLIN A MARINO, MD
	08/03/12 23:38			
Instructions: dix				
2034337	08/03/12 23:38	Admit To Medical/Surgical ICU	Active	COLIN A MARINO, MD
	08/03/12 23:38			

Order Type: Cardiology**Order Sub Type: Echo**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034702	08/04/12 00:24	Echocardiogram Complete	Complete	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Cardiology**Order Sub Type: EKG**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034188	08/03/12 23:27	EKG STAT Palpitations	Active	COLIN A MARINO, MD
	08/03/12 23:27			
2034703	08/04/12 00:24	EKG Metabolic Abnormalities	Active	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Clinical**Order Sub Type:**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034336	08/03/12 23:38	Diagnosis - ams, hyperthermia, dic,	Active	COLIN A MARINO, MD
	08/03/12 23:38			
Comments: ams, hyperthermia, dic,				
2034559	08/04/12 00:24	Diagnosis - DIC, hyperthermia coma	Active	LISA M DIX, MD
	08/04/12 00:24			
Comments: DIC, hyperthermia coma				

Order Type: Code Status**Order Sub Type: Code_Status**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034340	08/03/12 23:38	Code Status Full Code	Active	COLIN A MARINO, MD
	08/03/12 23:38			
2034560	08/04/12 00:24	Full Code	Active	LISA M DIX, MD
	08/04/12 00:24			

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Consult

Order Sub Type: Specialist Service Request

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034911	08/04/12 01:18	Consult: Critical Care - DAVID I JONES, MD called to C	Active	LISA M DIX, MD
	08/04/12 01:18			

Instructions: called to Christine Porter at 11pm by Dr. Moreno from ER

Order Type: Dietary

Order Sub Type: Oral

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034590	08/04/12 00:24	Diet, NPO	Active	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Laboratory

Order Sub Type: Chemistry

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033979	08/03/12 22:38	Hepatic Function Panel (Liver) STAT	Complete	COLIN A MARINO, MD
	08/03/12 22:38			
2033982	08/03/12 22:36	CMP STAT	Complete	COLIN A MARINO, MD
	08/03/12 22:36			
2034186	08/03/12 23:27	CKMB (Includes CK,CKMB, Index) STAT	Complete	COLIN A MARINO, MD
	08/03/12 23:27			
2034187	08/03/12 23:27	Troponin-I STAT	Complete	COLIN A MARINO, MD
	08/03/12 23:27			
2034344	08/03/12 23:38	CKMB (Includes CK,CKMB, Index)	Canceled	COLIN A MARINO, MD
	08/03/12 23:38			
2034345	08/03/12 23:38	Troponin-I	Canceled	COLIN A MARINO, MD
	08/03/12 23:38			
2034511	08/04/12 05:30	CKMB (Includes CK,CKMB, Index)	In progress	
	08/04/12 05:30			
2034512	08/04/12 05:30	Troponin-I	In progress	
	08/04/12 05:30			
2034594	08/04/12 00:24	B-Type Natriuretic Peptide (BNP) STAT	Complete	LISA M DIX, MD
	08/04/12 00:24			
2034595	08/04/12 00:24	Lipid Profile STAT	Complete	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Laboratory

Order Sub Type: Coagulation

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Laboratory**Order Sub Type: Coagulation**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033977	08/03/12 22:36	aPTT STAT	In progress	COLIN A MARINO, MD
	08/03/12 22:36			
2033978	08/03/12 22:36	Prothrombin Time (PT) STAT	In progress	COLIN A MARINO, MD
	08/03/12 22:36			
2033980	08/03/12 22:36	D-Dimer, Quantitative STAT	In progress	COLIN A MARINO, MD
	08/03/12 22:36			
2033983	08/03/12 22:38	Fibrinogen Degradation Products (FDP) STAT bleeding	Complete	COLIN A MARINO, MD
	08/03/12 22:38			

Instructions: bleeding

Order Type: Laboratory**Order Sub Type: Hematology**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033981	08/03/12 22:36	CBC STAT	Complete	COLIN A MARINO, MD
	08/03/12 22:36			
2034596	08/04/12 00:24	Sedimentation Rate STAT	Complete	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Laboratory**Order Sub Type: Microbiology**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033971	08/03/12 22:36	Culture, Blood STAT Prior to antibiotics	In progress	COLIN A MARINO, MD
	08/03/12 22:36			
2033972	08/03/12 22:36	Culture, Blood STAT Prior to antibiotics	In progress	COLIN A MARINO, MD
	08/03/12 22:36			
2033973	08/03/12 22:36	Culture, Urine STAT	In progress	COLIN A MARINO, MD
	08/03/12 22:36			
2034557	08/04/12 00:24	Culture, Blood	Canceled	LISA M DIX, MD
	08/04/12 00:24			
2034558	08/04/12 00:24	Culture, Blood	Canceled	LISA M DIX, MD
	08/04/12 00:24			
2034597	08/04/12 00:24	Culture, Blood STAT Prior to antibiotics	Canceled	LISA M DIX, MD
	08/04/12 00:24			
2034598	08/04/12 00:24	Culture, Blood STAT Prior to antibiotics	Canceled	LISA M DIX, MD
	08/04/12 00:24			
2034599	08/04/12 00:24	Gram Stain	In progress	LISA M DIX, MD
	08/04/12 00:24			

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-lpg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Laboratory**Order Sub Type: Transfusion Services**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033974	08/03/12 22:36	Type And Screen STAT	Complete	COLIN A MARINO, MD
	08/03/12 22:36			
2034130	08/03/12 23:23	Blood Product - Fresh Frozen Plasma (FFP) STAT A fa	Complete	COLIN A MARINO, MD
	08/03/12 23:23			
2034741	08/04/12 00:42	Blood Product - Fresh Frozen Plasma (FFP) dic A factor	In progress	LISA M DIX, MD
	08/04/12 00:42			
2034742	08/04/12 00:42	Blood Product - Pheresis Platelet ASAP dic Bleeding in	Complete	LISA M DIX, MD
	08/04/12 00:42			

Order Type: Laboratory**Order Sub Type: Urinalysis**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034600	08/04/12 00:24	Urinalysis with Microscopic, if indicated	In progress	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Medication/IV**Order Sub Type:**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034045	08/03/12 23:23	DEXTROSE 5%-WATER (250 ML bag) NOREPINEPH	Discontinue	
2034086	08/03/12 23:23	DEXTROSE 5%-WATER (250 ML bag) NÖREPINEPH	Discontinue	
	08/03/12 23:50			
2034347	08/03/12 23:38	Protonix 40mgIV Complex Dose Intravenous QD Now F	Active	COLIN A MARINO, MD
2034348	08/03/12 23:38	ONDANSETRON (ZOFTRAN) 4 MG = 2 ML Intravenous	Validated	COLIN A MARINO, MD
2034621	08/04/12 00:20	PHENYLEPHRINE 60 MG IN SALINE (250 ML bag)	In	Validated
	08/04/12 00:20			
2034622	08/04/12 00:21	SODIUM BICARB 8.4% ABBOJECT 100 MEQ = 100 M	Validated	
	08/04/12 00:21			
2034711	08/04/12 00:24	INSULIN, ASPART (NovoLOG) Sliding Scale Subcutan	Validated	LISA M DIX, MD
2034714	08/04/12 00:24	labetalol (laBETalol) 10 mg = 2 mL Intravenous Q1H PF	Active	LISA M DIX, MD
2034717	08/04/12 00:24	ONDANSETRON (ZOFTRAN) 4 MG = 2 ML Intravenous	Validated	LISA M DIX, MD
2034745	08/04/12 00:42	dextrose 5% in water (D5W) (1000 mL bag) sodium bici	Active	LISA M DIX, MD
2034751	08/04/12 00:42	sodium bicarbonate (SODIUM BICARB 8.4% ABBOJECT	Active	LISA M DIX, MD
	08/04/12 00:42			
2034884	08/04/12 01:35	DEXTROSE 5%-WATER (250 ML bag) EPINEPHRINE	Validated	
	08/04/12 01:35			
2035039	08/04/12 02:14	NOREPINEPHRINE (LEVOPHED) 4 MG = 4 ML Intrav	In progress	
	08/04/12 02:14			

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Medication/IV**Order Sub Type:**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2035086	08/04/12 02:15	VANCOMYCIN 1000 MG = 1 VIAL Intravenous ONCE	In progress	
	08/04/12 02:15			
2035087	08/04/12 02:16	PHENYLEPHRINE (NEOSYNEPHRINE) 50 MG = 5 ML	In progress	
	08/04/12 02:16			
2035088	08/04/12 02:17	PHYTONEADIONE (AQUAMEPHYTON) 10 MG = 1 ML	In progress	
	08/04/12 02:17			

Order Type: Medication/IV**Order Sub Type: Drip IV**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034190	08/03/12 23:38	norepinephrine bitartrate (LEVOPHED) 4 mg in dextrose	Active	COLIN A MARINO, MD
2035096	08/04/12 02:22	vasopressin (PITRESSIN) 50 UNIT in sodium chloride	Active	MISTI E RILEY, RN

Order Type: Medication/IV**Order Sub Type: Injectable**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034346	08/03/12 23:38	SODIUM CHLORIDE 0.9% (1000 ML bag) Intravenous	Validated	COLIN A MARINO, MD
2034623	08/04/12 00:22	PIPERACILLIN-TAZOBACTAM (ZOSYN) 4.5G Intrave	Validated	
	08/04/12 00:52			
2034722	08/04/12 00:42	piperacillin-tazobactam 3.375 g Intravenous Q6H	Active	LISA M DIX, MD
2034723	08/04/12 00:42	clindamycin 900 mg/50 mL D5W Intravenous Q8H	Active	LISA M DIX, MD
2034724	08/04/12 00:42	vancomycin 1000 mg/200 mL D5W Intravenous ONE T	Active	LISA M DIX, MD
	08/04/12 00:42			

Order Type: Nursing**Order Sub Type: Activity**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034591	08/04/12 00:24	Bedrest: Strict	Active	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Nursing**Order Sub Type: Assessment**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034579	08/04/12 00:24	Assess Neurological Status every 1 hour	Active	LISA M DIX, MD
	08/04/12 00:24			
2034582	08/04/12 00:24	Assess Patient Weight Daily	Active	LISA M DIX, MD
	08/04/12 00:24			
2034583	08/04/12 00:24	Assess Intake and Output Q1 Hour	Active	LISA M DIX, MD
	08/04/12 00:24			

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Nursing**Order Sub Type: Communication**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034338	08/03/12 23:38 08/03/12 23:38	Notify Attending on arrival to nursing unit	Active	COLIN A MARINO, MD
2034339	08/03/12 23:38 08/03/12 23:38	All Care Transferred to Attending MD	Active	COLIN A MARINO, MD
2034342	08/03/12 23:38 08/03/12 23:38	Notify if Pulse Oximetry Less than 92%	Active	COLIN A MARINO, MD
2034580	08/04/12 00:24 08/04/12 00:24	Titrate O2 via Nasal Cannula for Sat > or equal to 92%	Active	LISA M DIX, MD
2034586	08/04/12 00:24 08/04/12 00:24	Urinary Cath Protocol	Active	LISA M DIX, MD
2034587	08/04/12 00:24 08/04/12 00:24	Maintain urinary catheter due to strict intake and output	Active	LISA M DIX, MD
2034588	08/04/12 00:24 08/04/12 00:24	Maintain urinary catheter due to total bedrest	Active	LISA M DIX, MD
2034589	08/04/12 00:24 08/04/12 00:24	Notify attending for abnormal CK / CKMB / Troponin res	Active	LISA M DIX, MD
2034705	08/04/12 00:24 08/04/12 00:24	Hypoglycemia Protocol	Active	LISA M DIX, MD
2034706	08/04/12 00:24 08/04/12 00:24	Potassium Protocol Nursing Communicaton	Active	LISA M DIX, MD
2034707	08/04/12 00:24 08/04/12 00:24	Trauma Electrolyte Protocol	Active	LISA M DIX, MD
2034709	08/04/12 00:24 08/04/12 00:24	Oral Care Protocol	Active	LISA M DIX, MD
2034710	08/04/12 00:24 08/04/12 00:24	Urinary Cath Protocol	Active	LISA M DIX, MD
2034743	08/04/12 00:42 08/04/12 00:42	Transfuse <u>2</u> Units _____ each over 30 minutes	Active	LISA M DIX, MD
Instructions: each over 30 minutes				
2034744	08/04/12 00:42 08/04/12 00:42	Post transfusion labs (Specify) Nurse, Order requested	Active	LISA M DIX, MD

Instructions: Nurse, Order requested lab in OneChart when Transfusion completed.

Order Type: Nursing**Order Sub Type: Precaution**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034577	08/04/12 00:24 08/04/12 00:24	Precaution, Aspiration	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 OneChart ED Physician Orders-8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Nursing**Order Sub Type: Treatment**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034578	08/04/12 00:24 08/04/12 00:24	Apply Sequential Compression Device	Active	LISA M DIX, MD
2034584	08/04/12 00:24 08/04/12 00:24	Place Gastric Tube to Low Intermittent Suction	Active	LISA M DIX, MD
2034585	08/04/12 00:24 08/04/12 00:24	Insert Urinary Catheter (Indwelling)	Active	LISA M DIX, MD
2034701	08/04/12 00:24 08/04/12 00:24	Saline Lock x 2	Active	LISA M DIX, MD
2034754	08/04/12 00:55 08/04/12 00:55	Apply Cooling Blanket d/c blanket when temp is less than 100.5	Active	LISA M DIX, MD

Instructions: d/c blanket when temp is less than 100.5

Order Type: Radiology**Order Sub Type: CT Scan**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034721	08/04/12 00:42 08/04/12 00:42	CT Head WO Contrast 20% Decrease In BP	Active	LISA M DIX, MD

Order Type: Radiology**Order Sub Type: DX Radiology**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033975	08/03/12 22:36 08/03/12 22:36	XR Chest 1 View STAT Palpitations	Complete	COLIN A MARINO, MD
2034704	08/05/12 05:00 08/05/12 05:00	XR Chest 1 View AM Routine Cardiogenic Shock	Active	LISA M DIX, MD

Order Type: Respiratory**Order Sub Type: BIPAPCPAP**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034592	08/04/12 00:24 08/04/12 00:24	CPAP	Discontinue	LISA M DIX, MD

Order Type: Respiratory**Order Sub Type: Diagnostic**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033976	08/03/12 22:36 08/03/12 22:36	ABG with co-oximetry on room air STAT	Complete	COLIN A MARINO, MD
2034027	08/04/12 03:00	ABG with Co-oximetry and Electrolytes Q24H (TIMED)	Active	Allison M Sanders, RRT

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Respiratory**Order Sub Type: Diagnostic**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034593	08/04/12 00:24 08/04/12 00:24	ABG in 60 minutes and call results	Discontinue	LISA M DIX, MD
2034725	08/04/12 00:52 08/04/12 00:52	ABG with Co-oximetry and Electrolytes	Complete	LISA M DIX, MD

Instructions: after the 100 meq ivp bicarbonate

Order Type: Respiratory**Order Sub Type: Treatment Respiratory**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034581	08/04/12 00:24 08/04/12 00:24	Pulse Oximetry continuous	Discontinue	LISA M DIX, MD
2034708	08/04/12 00:24 08/04/12 00:24	Bronchodilator Protocol Treatment	Discontinue	LISA M DIX, MD
2034749	08/04/12 00:53	Bronchodilator Protocol Treatment PRN	Active	Allison M Sanders, RRT

Order Type: Respiratory**Order Sub Type: Ventilator**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034028	08/04/12 01:00	tyVentilator - Standard RTQ3H&PRN	In progress	Allison M Sanders, RRT

Order Type: Vital Signs**Order Sub Type: Monitoring**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034341	08/03/12 23:38 08/03/12 23:38	Vital Signs every 4 hrs	Active	COLIN A MARINO, MD
2034343	08/03/12 23:38 08/03/12 23:38	Temperature: Every 4 hrs x 3 then every 8 hrs	Active	COLIN A MARINO, MD
2034576	08/04/12 00:24 08/04/12 00:24	Vital Signs per unit protocol	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Other ED Document-8/4/2012--ER0036-1pg

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1968 ETMC Tyler



43328731

Critical Value Verbal Report
(please print)

Patient's Name:

Date received: 8/3/12 Time: 0053

Critical Value Results: troponin 38.0

Value Read Back

Caregiver's Name: Screamy B.

Title: RN

Time physician paged: _____

Time of verbal contact w/physician: _____

Name of physician notified: _____

Physician notification not required.

SYS-0044

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Outside Medical Document-8/3/2012--EX0002-3pg

Central Logic - Patient: RODNEY ADAMS

Page 1 of 1

 FIRSTCOMM TRANSFER REPORT		
SUMMARY: CALL #150008		
Printed on 08/03/2012 20:25		
INITIATED by BORUNDA, GABRIEL (08/03/2012 20:02)	Status: OPENED by BORUNDA, GABRIEL (08/03/2012 20:24)	
TRANSFER	Case Status: Active	
Patient	Next of Kin	
ADAMS, RODNEY PO BOX 6400 TENNESSEE COLONY, TX 75861	Phone (903) 928-3118 No information available	
Patient Detail	Chief Complaint	
Birthdate 10/02/1966 (45 years) Gender Male	Major Problem RESPIRATORY FAILURE, ACUTE MI, HYPERTHERMIA, 107.8, SEIZURE	
Primary Care Provider	Consult Provider	
No provider selected	ZACHRY, WILLIAM Phone (903) 597-0351 ERMD TYLER TYLER, TX	
Referring Provider	Referring Location	
TOOTE, PAUL Phone (903) 439-4077 KOPKINS MEMORIAL SULPHUR SPRINGS, TX	PALESTINE REGIONAL MEDICAL CENTER (903) 731-1000 (Phone)	
Accepting Service and Provider	Accepting Location	
Accepting Service: Emergency Medicine ZACHRY, WILLIAM Phone (903) 597-0351 ERMD TYLER TYLER, TX	ETMC TYLER	
Medical Acceptance	Facility Acceptance	
Status Accepted Decision Date 08/03/2012 20:08 Call Initiated By Referring MD	Status Accepted Decision Date 08/03/2012 20:08 Transfer Priority ED to ED	
Transport	Placement	
Date Initiated 08/03/2012 20:08	Type PALESTINE EMS	Requested 08/03/2012 20:08 Unit E.D. Bed ER Assigned 08/03/2012 20:08 Unit E.D. Bed ER Received 08/03/2012 20:08 Projected 08/03/2012 20:08 Confirmed 08/03/2012 20:08
Notifications		
No notifications completed		

129.03.84

<http://vmcentralapp1.etmc1.etmc.org/claf/txa/index.cfm?rxRelHost=txa/&&rx=Call-Summa...> 8/3/2012

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Outside Medical Document-8/3/2012--EX0002-3pg

PALESTINE REGIONAL MEDICAL CENTER AND REHABILITATION HOSPITAL

ADAMS, RODNEY		Serv	FC Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00104029459			11 L.ER		REG ER	08/03/12	1913	L00019921
Soc Sec No: 999-99-9999 DOB: 01/01/66 Age: 46 Sex: M MS: U Race: W Religion:		UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:						
Address: PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Ph: 903-928-3118 County: ANDERSON COUNTY Language: ENGLISH Country: USA								
UTMB,UTMB Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77556 Home Ph: 800-605-8165 County: #1797921 Relationship to Patient: WARD OF COURT		SS#: 999-99-9999 UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:						
Address: Home Ph: Relationship to Patient:								
		Work Phone: Occupation:						
		HARDEN GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Work Phone: Relationship to Patient: WC						
UTMB MANAGED CARE 301 UNIVERSITY BLVD GALVESTON TX 77555-1008 Phone: 409-747-2653		Policy # 1797921 Coverage # 0 Subscriber ADAMS, RODNEY Rel to Pt SELF/SAME AS PA DOB 01/01/1966 Group P0696997084 -						
Phone		Treat/Precert - PRE CERT Ins Verif Pro Review Not Required						
Phone		Policy # Coverage # Subscriber Rel to Pt Group						
Phone		Treat/Precert Ins Verif Pro Review						
NO LOCAL PHYSICIAN		TOOTE, PAUL URBAN 0334						
EMERGENCY ROOM		EM	AMB	PRADMTJG	FEVER			
Critical - Taylor T-10780 - 181- 6 - 502-72% Trop. 1.59. vent. wt. 100 kg		* CT of head - black eye 2.52 ST 75/50 - 170 Printed By: PRADMTJG 08/03/12 1924						
Unit Number L00019921		Account Number L00104029459						

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Outside Medical Document-8/3/2012--EX0002-3pg

06/10/2012 SUN 1:05 FAX 903 531 8819 First Comm
12/30/2011 FRI 16:30 FAX

0001/001
001/001

ETMC PATIENT TRANSFER HAND OVER COMMUNICATION

To Be Completed by the Transferring Physician

FAX to: FirstComm - 903.531.8819 Date: 8/3/12 Time: 2000

Patient Information:

Situation: Transferring Facility: PRMC

Reason for Transfer: Critical

Diagnosis: Respiratory failure, ME, Hypothermia

Current Vital signs: Temp: 107.6 BP: 90/50 P: 170 R: Vent SPO2: 98

Background:

Medications: Aspirin

Abnormal Labs: Trop. 1.57

Diagnostic Read by Radiologist() Yes () No Radiologist's Name: O'Neill

Asessment: Major Drips: Levosphen
Dextrose 5%, NS

Interventions (i.e. sutures, chest tubes): Ventilator

Recommendation: Transfer to ED ICU Floor Other (circle)

Mode of transport: Air (include patient weight: 100 kg/lbs) Ground

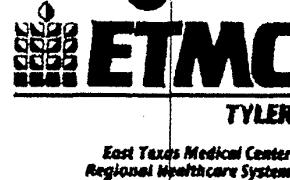
Name of Transferring Physician: Dr. Toote Phone: 903-731-1153

Questions please call: 903-535-6267

NOT PART OF MEDICAL RECORD

Apr 09/JFM

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: W035212184735



82429

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD>AS1/500mL/refg|ResLeu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: C. Johnson, RN Name: Jeffrey Maylende, RN
 Signature _____ Signature _____

Pre-Transfusion V/S: BP: 60/52 Pulse: 119 Resp: 21 Temp: 97.8 O2: 98 By: 98
 Post-Transfusion V/S: BP: 114/52 Pulse: 114 Resp: 23 Temp: 94 O2: ? By: 100
 Transfusion Started: 8-4-12 0635 Transfusion Stopped: 1000 08/04/12 0817
 Initial Date Time Initial Date Time

Amount transfused: 484 Patient observed during transfusion: ✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath
 Other _____

Completed by _____ MD/RN Date _____ Time _____

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

East Texas Medical Center
Regional Healthcare System

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: W035212151977 K



82436

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD>AS1/500mL/refg|ResLeu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible Tech ID: KDC2 Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: Johnsma, R Name: Jeffrey Mangum, RN
 Signature Signature

Pre-Transfusion V/S: BP: 97/52 Pulse: 102 Resp: 21 Temp: 97.8 O2: 100 By: Johnsma

Post-Transfusion V/S: BP: 147/52 Pulse: 114 Resp: 23 Temp: 94.4 O2: 100 By: Johnsma

Transfusion Started: 08/04/12 0635 Transfusion Stopped: 08/04/12 0815
 Initial Date Time Initial Date Time

Amount transfused: 425 Patient observed during transfusion: ✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath
 Other _____

Completed by _____ MD/RN Date _____ Time _____

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

-----Product Information-----

UNIT No: W035212145438 5



82650

ABO/Rh: O Pos

CMV: anti-CMV Negative

Product Code: E3088V00 Apheresis PLATELETS|ACD-A/XX/20-24C|ResLeu:<5log6|2nd container

Product Expiration Date: 08/05/2012 11:59 PM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 01:07 AM

Antigens:

Comments:

Prohibiting Factors:

-----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: _____	Name: _____	Signature _____			
Pre-Transfusion V/S: BP: 97/44	Pulse: 132	Resp: 21	Temp: 98.6	O2: 93	By: [Signature]
Post-Transfusion V/S: BP: 97/44	Pulse: 128	Resp: 21	Temp: 98.9	O2: 93	By: [Signature]
Transfusion Started: 09	8-4-12	0330	Transfusion Stopped: 09	8-4-12	0335
Initial	Date	Time	Initial	Date	Time

Amount transfused: 275

Patient observed during transfusion: _____

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

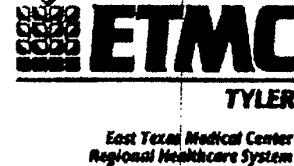
1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other: _____

Completed by Johnson, RN MD/RN Date 8-14-12 Time 0905

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

-----Product Information-----

UNIT No: W035212145346



82355

ABO/Rh: O Pos

CMV:

Product Code: E2555V00 PLASMA|CPD/XX/<=-18C|Frozen <=24h

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required Tech ID: KDC2 Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

-----Transfusion Information-----

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name: Adams, Rodney Name: M. Barron
 Signature _____ Signature _____

Pre-Transfusion V/S: BP: 99/64 Pulse: 110 Resp: 21 Temp: 99.4 O2: _____ By: JFPost-Transfusion V/S: BP: 83/55 Pulse: 113 Resp: 21 Temp: 99.7 O2: _____ By: JFTransfusion Started: 09 8-4-12 0227 Transfusion Stopped: 09 8-4-12 0230Amount transfused: 230 Patient observed during transfusion: ✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

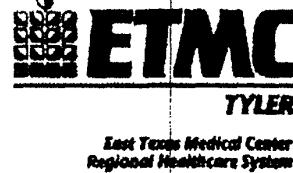
1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other _____

Completed by J. Johnson RN MD/RN Date 8-4-12 Time 0705

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg



Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

Product Information

UNIT No: W035212176683 F



82515

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA|CPD/XX/ -18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required Tech ID: KDC2 Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: John S. Adams

Signature

Name: John S. Adams

Signature

Pre-Transfusion V/S: BP: 83/68 Pulse: 125 Resp: 21 Temp: 99.7 O2: _____ By: JJRPost-Transfusion V/S: BP: 96/64 Pulse: 102 Resp: 21 Temp: 99.7 O2: _____ By: JJRTransfusion Started: 09 Initial 8-4-12 Date 0732 Time Transfusion Stopped: 09 Initial 8-4-12 Date 0737 TimeAmount transfused: 275Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

 Other _____Completed by John S. Adams

MD/RN

Date

8-4-12 Time 0705